

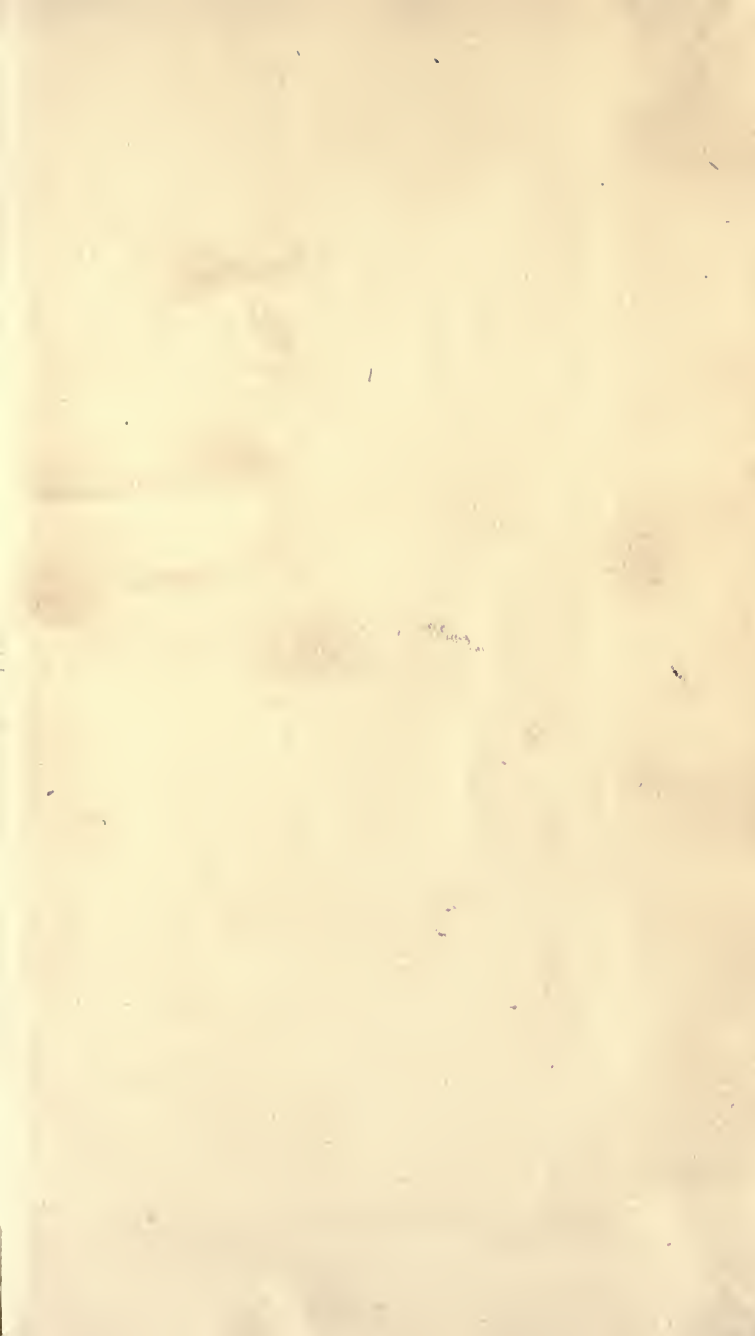
THE UNIVERSITY
OF ILLINOIS
LIBRARY

610.71
D29h

ILLINOIS HISTORICAL SURVEY









J. M. Smith

Chicago 21st Oct. 1877

from E. O. Steele O. C. & S.

No. 8



HISTORY

No. 85

OF

MEDICAL EDUCATION

AND INSTITUTIONS

IN THE

UNITED STATES,

FROM THE FIRST SETTLEMENT OF THE BRITISH
COLONIES TO THE YEAR 1850;

WITH A CHAPTER ON THE

Present Condition and Wants of the Profession,

AND THE

MEANS NECESSARY FOR SUPPLYING THOSE WANTS, AND
ELEVATING THE CHARACTER AND EXTENDING THE USEFULNESS OF THE
WHOLE PROFESSION.

BY N. S. DAVIS, M.D.,

PROF. OF PRINCIPLES AND PRACTICE OF MEDICINE IN RUSH MEDICAL COLLEGE;
MEMBER OF THE AMER. MED. ASSOCIATION; PERMANENT MEMBER
OF THE MED. SOCIETY OF THE STATE OF NEW YORK;
CORRESPONDING MEMBER OF THE N. Y. MED.
ASSOCIATION; MEMBER OF THE ILLINOIS
STATE MEDICAL SOCIETY;
ETC.

CHICAGO:

S. C. GRIGGS & CO., PUBLISHERS, 111 LAKE-STREET

W. J. PATTERSON, PRINTER, 73 LAKE-STREET.

MDCCCL.

1851

Entered according to Act of Congress, in the year 1850,
By NATHAN S. DAVIS,
In the Clerk's Office of the District Court of the State of Illinois.

610.71

II29n

17 Ja 14 Benson

153907 (from STX)

57

TO

MY ESTEEMED FRIEND AND BENEFACTOR,

DR. WILLARD PARKER, OF NEW YORK,

ESPECIALLY ; AND TO THE

MEDICAL PROFESSION OF THE UNITED STATES

GENERALLY,

THIS WORK IS MOST RESPECTFULLY INSCRIBED BY

THE AUTHOR.

253026

11/18/80

PREFACE.

THE prominent position which the subject of Medical Education now occupies in the minds of all enlightened members of the profession, makes a review of the past not only peculiarly appropriate, but also, in the highest degree, profitable. Indeed, without such review, and a careful tracing of present evils and defects to their origin and remote causes, no member of the profession can be prepared to act wisely his part in the great progressive movements of the age; or can discharge, with fidelity, the duties devolving on him, as a member of a learned and honorable profession. Wherever changes are made, or improvements attempted, in matters affecting, more or less directly, the interests of large classes of men, it is to be expected that much diversity of opinion will prevail concerning the propriety and ultimate effects

of such changes or improvements. But it is not unfrequently the case, that far the greater share of such diversity arises either from ignorance of the real nature of the evils to be remedied, or a misapprehension of the proposed remedies. Hence, if we would aid in the correction of abuses ourselves, or even avoid standing as stumbling-blocks in the way of the action of others, we must search carefully the progress of medical education from the commencement of our existence as a nation, and thereby trace effects to their real causes ; for it is not every coincident that bears the relation of cause and effect ; or every apparently remote object or consequence that we are to consider as, *prima facie*, independent of what has preceded. And there is probably no more difficult mental task than that of tracing accurately the chain of causation in the progress of any class of human society. Yet on this depends the whole value of history. Without it, instead of being “philosophy teaching by example,” it becomes a mere record of

isolated facts, quite as susceptible of a wrong as a right application. It is from this cause that much of what bears the name of history, both civil and military, has been of so little practical benefit to mankind.

Keeping this important truth constantly in mind, I have endeavored, in the following pages, not only to embody all the facts in regard to the educational history of the medical profession in this country, but also to develop the origin or causes of each, and the object it was designed to accomplish.

If I have been successful in this, I am conscious that the work will be found of great value to the profession, and, through it, to mankind. For man is so constituted that he can judge rationally of the future only by the experience of the past; and that man, or that class of men, will possess the highest degree of practical wisdom, who treasure up this experience with most care and correctness. Why is it that one generation after another, not of individuals

only, but of whole communities and nations, are found pursuing the same general course, committing the same errors, suffering the same evils, and finally perishing from essentially the same causes? Simply because they learn nothing from the history of those who have preceded them. Hence the youth who, when admonished by his father to shun certain vices, because he had experienced their folly, replied that he wished to "know their folly by *experience*, too," is a fit representative of communities and nations. And it ever will be so, until history itself advances from a mere record of facts, concerning the movements of contending armies and the intrigues of courts, to the character of a true exponent of human motives, means, and ends, both individually and collectively. When history attains this character, and becomes universally studied, then will man profit by the experience of his fathers, and each generation become wiser than its predecessor.

In the following pages, I have divided the educational history of the medical pro-

fession into three periods. The first, or colonial period, extends from the first settlement of the colonies to the termination of the Revolutionary War; the second extends from this period to the year 1806, when the profession in the state of New York was organized into societies, by legal enactment; and the third extends from the termination of the second to the present time. To these I have added a fourth chapter, stating more fully what I consider errors and defects in the present system, and my views concerning the appropriate remedies.

For a large portion of the facts presented, I am indebted to the various medical periodicals of our country, and especially to the writings of Drs. J. B. Beck, T. Romaine Beck, S. W. Williams, John Stearns, Benjamin Rush, Nicholas Romaine, William Douglass, John Morgan, Peter Middleton, and others.

I am conscious that much has been omitted which it would have been proper to insert, especially in regard to medical

societies in many of our cities ; but as most of these were strictly local in their character, I have used less exertion to obtain historical facts in relation to them. I am also conscious that many of the views presented, particularly in the last chapter, will meet with severe animadversions from a portion of the medical press ; but, as they are the result of an extensive examination of facts and mature reflection, I give them to my professional brethren, asking no other favor than that they be attentively read, fairly and truthfully quoted or represented, and criticised with that spirit of frankness and candor which is due to all subjects of importance.

N. S. DAVIS.

CHICAGO, ILL., November, 1850.

CONTENTS.

CHAPTER I.

	PAGE.
History of the Medical Profession and Medical Education in the British Colonies of America, from their first settlement to the achievement of their Independence,	18

CHAPTER II.

History of Medical Education and Institutions in the United States of America, from the year one thousand seven hundred and eighty-three to one thousand eight hundred and six,	40
--	----

CHAPTER III.

The same continued from the year one thousand eight hundred and six to the present time (one thousand eight hundred and fifty,)	83
---	----

CHAPTER IV.

On the Present Condition and Wants of the Medical Pro- fession in the United States, and the Remedies for those wants,	162
--	-----



HISTORY OF MEDICAL EDUCATION, ETC.

CHAPTER I.

FROM THE FIRST SETTLEMENT OF THE COLONIES
TO THE YEAR 1783.

THE origin of the institutions of this, unlike those of most other countries, is involved in no obscurity; and is to be traced to no remote chivalric or feudal age. On the contrary, they have all had their birth since the middle of the seventeenth century; and been exposed to the full gaze of an enlightened world.

This, together with the fact, that they have not only had their beginning, but their maturity thus far, among the most enterprising people, and under the influence of the most liberal government on earth, renders every thing connected with their history doubly interesting and important, as affording the fairest illustrations of human

progress, and, consequently, the most valuable lessons of human experience.

✓ The medical profession in the United States, and, indeed, throughout the civilized world, constitutes an important part of society; for while, on the one hand, its ranks can boast, not only of names of the highest eminence in every department of science and literature, but can also claim to be equal with the foremost in every enterprise for extending human knowledge, and ameliorating human suffering, its free access to the homes and firesides of all classes, gives it a moral and social influence of the most potent character. And in no part of the world is this influence more extensively or happily felt, than in this country, [where the absence of all hereditary distinctions and privileged orders, leaves learning and virtue free to assume their own native eminence.]

(As far as can now be ascertained, but very few regularly educated physicians embarked with the first colonists that planted themselves in the wilderness of America.) We are told by Dr. S. W. Williams, of Deerfield, that Dr. Samuel Fuller, a regularly educated physician and highly esteemed man, accompanied the first emigrants who landed at Plymouth in 1620. He was a faithful and devoted practitioner, and died of an infectious fever at Plymouth, in 1632. The name of Dr. Russell is

also mentioned as a companion of Captain Smith, in his survey of Chesapeake Bay in an open boat, in 1608. But the fact that Smith was obliged to return to Europe the very next year, to procure surgical aid, on account of an injury to his hand, "there being none to be had in the colony," shows that Dr. Russell's stay was short, or else he was not a man skilled in his profession. These are the only names that we can find mentioned among the first settlers, either at Jamestown, Plymouth, or New York. The fact that there were either [very few physicians among the early colonists,] or that they were poorly prepared to discharge their responsible duties, is further corroborated by the almost total neglect of those sanitary regulations so necessary to preserve their health, and the consequent great mortality that took place in all the colonies during the first few years. A surgeon is mentioned as on board one of the ships sent to aid Capt. Mason in his expedition against the Pequoit Indians in 1637, but whether he belonged to the colony, or the ship merely, is not known. In 1649, we find a law passed by the Massachusetts Colony, forbidding "Chirurgeons, Midwives, Physicians, or others, to exercise, or put forth any act contrary to the known rules of art, in each mystery and occupation, to exercise any force, or violence, or cruelty, upon or toward

the body of any, whether young or old (not even in the most desperate cases) without the advice and consent of such as are skillful in the same art, (if any such may be had,) or at least, of the wisest and gravest there present, and consent of the patient or patients, if they be *mentis compotes*, much less contrary to such advice and consent, etc." This provision is sufficiently indicative of the condition of the profession, at this early period, in the New England States.

Indeed, with the exception of the two Governors Winthrop, one of Massachusetts and the other of Connecticut, and a few of the clergy, we find no names of even respectable attainments in the profession, during the first half century after the commencement of our colonial existence.—

The younger Winthrop not only practised medicine extensively, but was also a member of the Royal Society of London, to which he made several respectable communications. And even so late as 1753, we are told by the *Independent Reflector*, a paper then published in the city of New York, "that it (the city of N.Y., then containing about 10,000 inhabitants) could boast of more than *forty* gentlemen of the faculty, the greatest part of whom were mere pretenders to a profession, of which they were entirely ignorant; and convincing proofs of their incapacity were

exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs" etc. etc. Dr. Nicholas Romaine, in his annual address before the New York State Medical Society, (in 1811) speaking of this early period, says: "It would be *painful* to intrude on your notice, the *humble* condition of medicine which seems to have existed for more than a century after the first settlement of this State.—It could only consist of a statement of the *arts* and *intrigues*, by which the practitioners of physic succeeded in advancing their *private interests* and professional emoluments." The reasons for such a state of things, at this period, are obvious,—there being no medical schools in the colonies, or any institutions for the instruction of medical students; the only sources of supply consisted in emigrations from the mother country, or in the sending of native young men to the hospitals and colleges of Europe.

The circumstances of the country during the whole of the first century were such, that no man already established in practice on the other side of the Atlantic, would think of leaving it for the hardships, the poverty, and wilds of America; while the absence of all those medical societies and institutions, which constitute so powerful an

object to the aspiring ambition of the thoroughly educated student, equally prevented this class from resorting hither. Hence, as a general rule, only those physicians who had failed to obtain a practice at home, or were too conscious of their own unfitness to make the attempt, emigrated to America. On the other hand, the great expense attending the education of young men belonging to the colonies, in the medical institutions of Europe, operated as an equal barrier to this source. Thus it was, that while persecution filled the clerical ranks of the colonies with men of the deepest piety, and the most varied learning, and the patronage of the crown induced a full supply of legal talent, (the profession of medicine sunk to a comparatively low state.)

In New England, the greater number of those who practiced medicine were priests, whose medical knowledge was chiefly derived from the writings of Hippocrates, Galen. Aretæus, etc., which they had read during their collegiate education in Europe. Some of the nonconformist clergy, however, who were persecuted or silenced in the Old World, went through with a regular course of medical studies before leaving home, and afterwards became exceedingly useful, both as physicians and preachers, among the colonists here. Of this number, were Drs. Giles Firmer

and John Fisk ; the first arrived in New England 1633, and the last in 1637. Both lived to an advanced age, and were highly respected. Dr. Thomas Thatcher also came about the same time ; and his pamphlet, entitled "A Guide in Small-Pox and Measles," published in 1677, is said to be the first medical publication in America.

About the middle of the seventeenth century, Drs. Bellingham and Henry Saltonstall, after receiving a general education at Harvard College, went to England, where they completed a full course of medical studies, received the degree of M.D., and returned to practice their profession in the Massachusetts Colony. These were the first young men of whom we can get any account, who left the colonies to obtain a regular medical education in the mother country, for the purpose of practicing here.

(But during the latter part of the first half of the eighteenth century, a new era began to dawn on the medical profession in America. It was during this period that we find several young men of the highest order of native talent, after receiving a thorough course of instruction in the medical institutions of Great Britain and the Continent, returning to practice their profession in the New World.) Among these we find the names of Dr. Zabdiel Boylston and Dr. James

Lloyd, of Massachusetts; Lieut. Gov. Colden and Dr. James Ogden, of New York; Drs. John Morgan, William Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas of Virginia; and Dr. Lining of South Carolina—names, that will ever remain as ornaments to the medical profession in America.

During this period, other circumstances also occurred which aided very much the advancement of the profession.—Wars between England and France, were carried on, with only short intervals of peace, during the greater part of the eighteenth century. And so early as 1690, hostilities commenced between New York and New England, on the side of England, and the French settlements in New Brunswick and Canada. From this time to the final subjugation of the French colonies in 1763, many expeditions were sent from England to aid the colonists, and each was accompanied by a well appointed medical staff. These being almost constantly in the colonies, with the military hospitals which necessarily accompanied the movements of regular armies, supplied the place, in some degree, of medical schools, and doubtless excited the ambition of many of the young men, who, during the latter part of this period, spent some time in Europe, and returned to become the founders of medical

science in America. What Dr. Nicholas Romaine says of the influence of these, on the medical profession of New York, is equally true of New England, Pennsylvania, and Virginia. In his annual address to the Medical Society of the State of New York, in 1811, to which we have already alluded, Dr. Romaine says: "The war which effected the conquest of Canada, was, perhaps, the first circumstance which materially improved the condition of medicine in this State (New York). The English army employed for that purpose, left Europe, accompanied by a highly respectable medical staff, most of whom landed in the city of New York, and continued some years in the neighboring territories, affording to many young Americans opportunities of attending the military hospitals, and receiving such professional instruction as gave them afterward consideration with the public. The physicians and surgeons of the Anglo-American army gained the confidence of the public, by their superior deportment and professional information. The military establishments in this State, after the Canadian war, required medical and surgical attendants, so that the people had the benefit of their advice. In this manner a new order of medical men was introduced into the community."

It was doubtless owing to the increased attention to medical science and practice, produced by these causes, that led the colony of New York to make the first effectual attempt to regulate the education and practice of the profession by legal enactment. We have already quoted from the *Independent Reflector* of 1753, a paper which not only exposed the ignorance and pretensions of the profession, but appealed with boldness and energy to the people for a remedy; and some of the arguments presented, would afford useful lessons for many legislators of the present day.

It was not until 1760 that the General Assembly of New York ordained that, "no person whatsoever should practice as physician or surgeon, in the city of New York, before he shall have been examined in physic and surgery, and approved of and admitted by one of His Majesty's Council, the Judges of the Supreme Court, the King's Attorney General, and the Mayor of the city of New York for the time being, or by any three or more of them, taking to their assistance for such examination, such proper person or persons as they in their discretion shall see fit."

Such candidates as were approved received certificates, conferring the right to practice physic or surgery, or both, throughout the whole province; and a penalty of five pounds was prescribed

for all violations of this law. Its restrictive operation, however, was confined exclusively to the city and county of New York; and, with the exception of a similar enactment in the colony of New Jersey, in the year 1772, it was the only attempt to regulate the qualifications and practice of physicians by any of the colonial governments previous to the Revolutionary War.

But the causes to which we have alluded, had already introduced into the profession many young men, possessed not only of sound learning, but also of a laudable ambition for the honor and advancement of their favorite calling. Among these none were more zealous in the cause of medical education than Drs. John Morgan, and William Shippen, Jr., of Philadelphia; and Drs. Samuel Bard, Peter Middleton, and John Jones, of New York. Although many private and temporary hospitals had been established in the several colonies, for the accommodation of seamen, and the reception of patients for inoculation, the first permanent institution of the kind was established in Philadelphia, in 1752, and was aided by a grant of £2,000 from the Colonial Assembly. Its establishment was owing to the suggestions and exertions of Dr. Thomas Bond, who became its superintendent, and we believe, the first regular *Clinical Lecturer on Medicine in America*. In

1762, Dr. William Shippen returned from his studies in Europe, to settle in his native city, Philadelphia; and the same year commenced a course of Lectures on Anatomy, to a class of twelve students. He continued the same course during the two following years, and in 1765, was joined by John Morgan, M.D., who had just returned from an honorable completion of his medical studies in the schools of Edinburgh. Dr. Morgan soon delivered a public discourse on "the Institution of Medical Schools in America," before the Trustees of the University that had been established in Philadelphia, and proposed a plan for teaching the various branches of medical science. His views were warmly seconded by the Board of Trustees, who soon after appointed Dr. Morgan Professor of Theory and Practice of Medicine, and Dr. Shippen Professor of Anatomy and Surgery. The remaining chairs were not filled until 1768, when Dr. Adam Kuhn was chosen Professor of Botany and Materia Medica; and in the following year Dr. Benjamin Rush returned from Edinburgh, and was appointed to the Chair of Chemistry. Thus organized, the first medical school in America continued its annual courses of instruction to an increasing number of students until 1777, when it was suspended by the Revolutionary War. To give a still better idea of the

objects and regulations of this school, and the liberal views of its founders, we will quote the following rules in regard to studies and qualifications, from a printed circular, addressed by Dr. John Morgan to the inhabitants of the West Indies, in 1772, viz.:

For a Bachelor's Degree in Physic.

"I. It is required that such students as have not taken a Degree in Arts, shall, before admission to a Degree in Physic, satisfy the Trustees and Professors of the College, concerning their knowledge of the *Latin* tongue, and in such branches of *Mathematics*, Natural and Experimental *Philosophy*, as shall be judged requisite to a *Medical Education*.

"II. Each student shall take at least one course in *Anatomy*, *Materia Medica*, *Chemistry*, the *Theory and Practice of Physic* and *Clinical Lectures*, and shall attend the practice of the *Pennsylvania Hospital* for one year; and then may be admitted to a public examination for a *Bachelor's Degree* in Physic, provided that, on previous private examination by the *Medical Trustees and Professors*, and such other Trustees and Professors as choose to attend, such student shall be judged fit to undergo a public examination.

“III. It is further required that each student, previous to obtaining a Bachelor’s Degree, shall have served a sufficient apprenticeship to some respectable Practitioner in Physic, and be able to make it appear that he has a general knowledge in *Pharmacy*.

For a Doctor’s Degree in Physic.

“I. It is required that at least three years shall intervene from the time of taking the Bachelor’s Degree, and that the *candidate* be full *twenty-four* years of age, and that he write and defend publicly in college, a *Latin Thesis* or dissertation on some disease, or other useful medical topic, which shall also be printed at his own expense.

“II. The above scheme of a *Medical Education* is upon as extensive and liberal a plan as in any of the most respectable European seminaries; and the utmost care is taken to render the Degrees *real marks of honor*—the marks of only distinguished learning and abilities. A good *medical education* is here looked upon as not the least useful part of science. As it is both a noble and extensive branch of learning of itself, and of the utmost importance to the health and welfare of society, ‘there cannot therefore be too much encouragement given to a full and regular attainment of it.’ ’Tis, on this account, one *great*

object in the Philadelphia College, and intended to put the practice of physic in America in general, upon a respectable and beneficial footing.”—[See “The Address and Representation of Dr. John Morgan, of the College of Philadelphia, in behalf of the Seminary, dated 1772.]

Such were the views and objects of the founders of the first hospital and college in America. The rules quoted were adopted by the College on May 12, 1767, and continued in full force until the operations of the College were suspended by the occupation of Philadelphia by the British, in 1777. During this period the Degree of Bachelor of Physic was conferred on about thirty young men, and a reasonable degree of prosperity seems to have attended the College. But while these things were being done in Philadelphia, the profession in New York were not idle. The zealous efforts of Drs. Bard, Middleton, and others, aided, doubtless, by a spirit of rivalry with Philadelphia, effected the organization of the Society of the New York Hospital, and procured for it a charter from the Colonial Government in 1767. The first building was destroyed by fire in 1772, which, together with the occupation of New York by the British army, prevented the completion of another, until 1791, when the first patients

were received. Their efforts to establish a medical college in connection with King's College, which had been established in the city several years previous, was, however, attended with better success. A full Medical Faculty was organized in 1768, composed of Samuel Clossy, M. D., Prof. of Anatomy; John Jones, M. D., Prof. of Surgery; Peter Middleton, M. D., Prof. of Physiology and Pathology; James Smith, M. D., Prof. of Chemistry and Materia Medica; John V. B. Tennent, M. D., Prof. of Midwifery; and Samuel Bard, M. D., Prof. of Theory and Practice of Physic. The first courses of lectures were given in the winter of 1768—9, at the close of which, the degree of *Bachelor* in Medicine was conferred upon Samuel Kissam and Robert Tucker; and in the year following, the same gentlemen received the higher degree of *Doctor* in Physic. These are stated by Dr. Beck, in his "History of American Medicine before the Revolution," to be the *first* medical degrees conferred by the schools in America.* But this is probably a mistake, as we find in a historical sketch of the College in Philadelphia, published in 1836, the names of ten students, who received the degree of *Bachelor* of Physic at the

* See Transactions of the Medical Society of the State of New York.—Vol. v. pp. 141.

commencement in that College, in June, 1768; and a number of others were annually thereafter honored with the same degree, until the operations of the School were suspended by the vicissitudes of war. During this period very few seem to have applied for the higher degree of *Doctor* in Medicine, either in Philadelphia or New York.

We have no means of ascertaining what rules were adopted for the government of the College in New York; or what were the requisites for the graduation of medical students. It is certain, however, that the prosperity of the school was not proportioned to the known respectability and learning of the professors. Thus, we are told by Dr. N. Romaine, that in 1774, six years after its first organization, only "about 25 persons attended the Anatomical Lectures, some of whom were students from the West Indies." This want of prosperity has been attributed to the conduct of the governors of the College; but with what justice, we are entirely unable to judge.

The medical books then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead, and Huxham; the Physiology of Haller; the Anatomy of Cowper, Cheselden, and Munro; the Surgery of Sharp, Le Dran, and Pott; the Midwifery of Hunter and Smellie; and

the *Materia Medica* of Lewis. But though the works then in general use were all of European production, yet medical literature had by no means been neglected by the profession in America, as the following list will show, viz.:

“A Brief Guide in Small-Pox and Measles,” by Thomas Thatcher, of Massachusetts, published, 1677. “Some Account of the New Method of Receiving the Small-Pox by Engrafting or Inoculation,” defending the practice, by Benj. Colman, of Boston, published in 1721. “An Account of the Climate and Diseases of New York,” by Cadwallader Colden, of New York, published in 1720. “An Historical Account of the Small-Pox Inoculation in New England,” by Dr. Zabdiel Boylston, of Boston, published in 1727. “On the Method of Practice in Small-Pox in 1730,” by Nathaniel Williams, of Massachusetts. “A Treatise on Pharmacy in 1732,” by William Howard, of Mass. “An Essay on Fevers,” by Dr. John Walton, of Boston, in 1732. “The Practical History of a New Epidemical Eruptive Military Fever, with an Angina Ulcusculosa, which prevailed in New England in 1735—6,” by Dr. William Douglass, of Mass., published in 1736. “An Essay on the Polygala Seneka,” by Dr. John Tennent, of New York, published 1736. “An Essay on Illiac Passion,” by Dr. Thomas

Cadwallader, published 1740. "An Essay on the Causes of the Different Colors of People in Different Climates," and "Letters on the Yellow Fever of Virginia," by Dr. John Mitchell, of Virginia, published 1743. "The Flora Virginia," by Dr. John Clayton, of Virginia, published 1743. "A very valuable account of Statistical Experiments concerning Excretions of the Human Body," by Dr. John Lining, of South Carolina, published in 1743. About the same time, Dr. Cadwallader Colden, of New York, published "Observations on the Fever which prevailed in the City of New York in 1741 and '42," also, "On the Virtues of Great Water Dock," and a "Sore Throat Distemper which prevailed Epidemically in this country in 1735." "A description of American Yellow Fever," was published by Dr. John Lining, in 1753; and a paper on "Opisthotonos and Tetanus," by Dr. Lionel Chalmers, of South Carolina, published in 1754. "An Essay on the Use of Bark in Scrofulous Cases," was published by Dr. Thomas Bond, of Philadelphia, in 1759; also, an Inaugural Dissertation, entitled, "Tentamen Medicum de Puris Confectione, Edinburgh, 1763," by Dr. John Morgan. Dr. Shippen's Inaugural Thesis, entitled "De Placentæ Cum Utero Nexu," was published in 1760; and during the same year, Dr. John Bard,

of New York, published a case of "Extra Uterine Fœtus," and an "Essay on the Nature and Cause of the Malignant Pleurisy," which prevailed on Long Island in the winter of 1749. In 1771, Dr. Samuel Kissam published his Inaugural Dissertation on the "Anthelmintic Virtue of the Phaseolus Zuratensis Siliqua Hirsuta, or Cowhage." A valuable work on the "Treatment of Wounds and Fractures," was published by Dr. John Jones, in 1776. And the same year Dr. Lionel Chalmers published his able work on the "Weather and Diseases of South Carolina." "An Essay on Fevers" had been published by the same author in 1768.

(Many of these productions are characterized by a variety of learning, an accuracy of observation, and an originality of thought, which would do credit to any age or country.) Thus, Dr. Lining's "Description of American Yellow Fever," stands to the present day, unrivalled for its accuracy and minuteness of description; and Dr. Douglass, in his "History of the New Epidemical Fever" of 1735—6, not only gives the best account of that fatal disease, but also enjoys the honor of first suggesting the use of calomel as a remedy. Dr. Clayton's "Flora Virginia" attracted so much attention that it was republished at Leyden, 1762; and very few papers exhibit a greater

degree of philosophical acumen and learning than Dr. Mitchell's on the "Causes of the Different Colors of Different People." Of Dr. Jones and his work on Wounds and Fractures, Dr. J. B. Beck speaks, as follows, viz.: "The only work he has left us is a volume upon wounds and fractures, which was first published in 1776. In the situation in which the colonies were then placed, this was a most acceptable present, both to the profession and to the public. It was so well received, that a second edition was called for the same year. Although a plain and unpretending work, it was admirably fitted to the purposes for which it was intended, and it shows the author to have been a man of strong sense, combined with a thorough knowledge of his subject. Altogether, Dr. Jones has left behind him a most enviable reputation. He was the physician of Washington and Franklin, the latter of whom he attended in his last illness. Not merely as the skillful operator, but as the scientific surgeon, and the first teacher of surgery in the colonies, he justly deserves to be styled the *father of American surgery*." The work of Dr. Chalmers on the Climate and Diseases of South Carolina, in two volumes, is particularly worthy of attention, as well as that of the same character concerning New York, by Dr. Colden. And the credit

of originality, in promulgating the true doctrine in regard to the formation of *Pus*, though usually ascribed to Dr. John Hunter, undoubtedly belongs to Dr. John Morgan, who, in his Inaugural Thesis, maintained with great ability the doctrine that *Pus is a Secretion*. This is fully and honorably acknowledged by Dr. James Curry, lecturer at Guy's Hospital, so early as 1817.

Nor is this the only instance of fair claim to originality, which has been appropriated elsewhere. The use of mercury in the treatment of inflammatory diseases and eruptive fevers had its origin with Dr. Douglass, of Boston, in 1736; the preparation used was calomel. But to Dr. James Ogden, of Long Island, are the profession indebted for pointing out more systematically the indications for its use, and the manner of using it. He used it extensively, and with the happiest effects, in the Angina Maligna of 1749; and its use was rapidly extended to the treatment of nearly all the Phlegmasia.—Again, to Dr. Richard Bayley, are we indebted for first pointing out the true inflammatory nature of the Cynanche Trachealis, or Croup, and the great utility of blood-letting and antimony in its treatment. Yet all of these have been often set forth as originating on the other side of the Atlantic.

Dr. James Lloyd, of Mass., and Dr. Wm

Shippen, of Philadelphia, were the first regular and successful practitioners of Midwifery in this country. The one settled in Boston in 1754, and the other in Philadelphia in 1756; and to their skill, boldness, and decision of character, are we indebted for the rescue of that most delicate and important branch of practice from the hands of ignorant and credulous females.

Although a consideration of medical practice does not come strictly within the scope of our present work, yet an occasional glance at this, and the character of diseases prevalent at different periods of time, will be both interesting and profitable. Indeed, a carefully written history of diseases, their variations of type and severity, in connection with the prevalent modes of medical practice, and the ever-varying customs of society, would be of great value to the profession. It would explain the origin of many theories and systems in medicine, and reconcile much that now seems discordant and contradictory in our medical literature.

Thus says Dr. Rush:—"The success of nature in curing the simple diseases of Saxony, laid the foundation for the *Anima Medica* of Stahl. The endemics of Holland led Dr. Boërhaave to seek for the causes of all diseases in the *fluids*. And the universal prevalence of diseases of the *nerves*

in Great Britain, led Cullen to discover their peculiar laws, and to found a system upon them—a system which will probably last till some new diseases are let loose upon the human species, which shall unfold other laws of the animal economy.”

During the greater part of the period included in this chapter, the Humoral doctrines of Boerhaave held an unlimited sway over the minds and practice of physicians, both in this country and Europe. Endemic and epidemic fevers prevailed frequently in nearly all the colonies, and sometimes produced great destruction to life. This was the case, to some extent, even among the Indians, before white settlements were formed. Thus, we are told by Dermer, Mather, and Gookin, that in 1618—19, a pestilential fever prevailed among the Indians in New England, with such severity that whole tribes were nearly destroyed; and in some places, in 1620, their dead bodies were found unburied, putrefying in the sun. The first colony of Pilgrims that landed at Plymouth, in 1620, suffered dreadfully from sickness during the few following years. And in 1632—33—38, a pestilence, resembling the yellow fever, prevailed extensively in the New England settlements, which, with the small-pox, cut off many of the inhabitants. Dr. Rush tells us

that between the years 1760 and 1766, intermitting, bilious, and yellow fevers were common in Philadelphia and its environs; that influenza was epidemic in 1761, and the malignant sore throat in 1763. He also states that deaths were "common between the fiftieth and sixtieth years of life, from gout, apoplexy, palsy, obstructed livers, and dropsies."

This last paragraph is worthy of a moment's consideration. Why were these diseases so frequent and fatal, when, thirty years after, the same author tells us they were comparatively rare in the same city? A very satisfactory answer to this question will be found in the habits of the citizens at the two periods referred to. Alluding to these habits during the period intervening between the years 1760 and 1766, Dr. Rush says "the diet of the inhabitants of Philadelphia, during those years, consisted chiefly of animal food. It was eaten in some families three times, and in all twice a-day. A hot supper was a general meal. To two and often three meals of animal food in a day, many persons added what was then called 'a relish' about an hour before dinner. It consisted of a slice of ham, a piece of salted fish, and now and then a beef steak, accompanied with large draughts of punch or toddy. Tea was taken in the interval between

dinner and supper. In many companies, a glass of wine and bitters was taken a few minutes before dinner, in order to increase the appetite. The drinks, with dinner and supper, were punch and table beer. Besides feeding thus plentifully in their families, many of the most respectable citizens belonged to clubs, which met in the city in the winter; and in its vicinity, under sheds or the shades of trees, in the summer, once or twice a week, and, in one instance, every night.

“They were drawn together by suppers in winter, and dinners in summer. Their food was simple, and taken chiefly in a solid form. The liquors used with it were punch, London porter, and sound old Madeira wine.

“From this general use of distilled and fermented liquors, drunkenness was a common vice in all the different ranks of society.”* Who can feel surprised that, in the midst of a people indulging in such habits, death from “gout, apoplexy, palsy, obstructed livers, and dropsies,” should be remarkably frequent?

The same writer tells us that one club, “consisting of about a dozen of the first gentlemen in the city, all paid, for their intemperance, the forfeit of their lives; and most of them with some

* See Rush on the state of Medicine, between 1760, 1766, and 1809.

one or more of the diseases that have been mentioned."

These few facts are introduced here, for the purpose of showing how poorly we are qualified to judge of the propriety of any system of practice, at a given period of time, without an intimate acquaintance with the condition and customs of the people at the same period.

We have already said that practitioners during most of our colonial period, were much controlled in practice by the doctrines of Børhaave; but during the latter part of the time, these began rapidly to yield to the advancing school of Cullen. There were not wanting, however, many bold and independent practitioners, who did not hesitate to throw off the shackles of prevailing systems, and adapt their treatment to the prevailing type or character of disease, or introduce new remedies, as the preceding facts abundantly show. Of these, none were more deserving of notice than Drs. Boylston, Colden, Ogden, Bayley, Morgan, and Bond. So rapid was the decline of the Børhaavian influence, that before the close of the Revolutionary War, we find blood-letting, purges, vomits, bark, opium, and mercury all used with more or less freedom throughout the profession. The last named remedy was extensively and very

successfully used by some physicians, in preparing the system for the small-pox, both in the natural way, and after inoculation. This practice was commenced as early as 1745, by Dr. Thomas, of Virginia, and Munson, of Long Island. And by it, we are told, they reduced the number of deaths after inoculation from one in one hundred to one in eight hundred or one thousand. Dr. Zabdiel Boylston, of Boston, first introduced the practice of inoculation for the small-pox into the country, by inoculating his own son, thirteen years of age, and two colored servants. This was on the 27th of June, 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practiced in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Boylston was induced to commence the practice by Rev. Dr. Cotton Mather, who had read an account of the inoculation in Turkey, published in the transactions of the Royal Society of London. His first three experiments proving successful, and the small-pox raging fearfully in the city of Boston, Dr. Boylston inoculated, during that year, 247, of all ages and both sexes, and 39 were inoculated by other physicians,—making a total of 286, of whom only six died; while of 5,759 who were attacked

with it in the natural way, during the same period, 844 died.

It is not strange that, when this practice was first introduced, it should have met with most violent opposition, requiring no small degree of firmness and perseverance, on the part of those who had undertaken it, to stem the torrent of popular indignation, which was much exasperated by the conduct of a portion of the profession, at the head of whom was Dr. Wm. Douglass, a man of much ability and strong prejudices. Indeed, the history of our profession brings to light no controversy of a more exciting and violent character, than that which arose, both in the colonies and the mother country, from the introduction of this practice. And none better illustrates the power of truth to triumph over error, even when entrenched behind the strongest bulwarks of human prejudice and passion; for the success of Dr. Boylston rapidly won to the cause intelligent members of the profession, and, in a short time the practice was extended through all the colonies. And, as we have already stated, such was the success attending a proper preparation of the system for the reception of the disease, that, instead of losing six out of two hundred and eighty-six, as shown during the first year of its introduction, in less than twenty years after, the

average mortality of those inoculated did not exceed one in eight hundred. Notwithstanding, the popular prejudice which was excited against Dr. Boylston was, for a time, strong and highly embittered, yet he lived to receive ample compensation in the good opinion of his fellow-men, both at home and abroad. He afterwards visited England, and besides receiving the most gratifying marks of attention, he had the honor of being the first physician in the colonies who was made a member of the Royal Society of London.

We are told by Dr. J. W. Francis, in his Anniversary Discourse before the New York Academy of Medicine, that Dr. Beekman Van Beuren, as physician to the Alms House, in the city of New York, "was the first physician who introduced the practice of inoculation for the small-pox in our public institutions." The first *post mortem* examination that took place in America, of which we have any record, was made in 1691, by Dr. Johannes Kerfbyl, assisted by five other physicians of the city of New York. The body examined was that of Governor Sloughter, who had died suddenly under suspicious circumstances. It was not until 1750, nearly sixty years after, that the first human body was dissected, for the purpose of imparting medical instruction in the colonies. This was done

by the learned Drs. John Bard and Peter Middleton.

The study of Botany also received attention from some of the earliest and most learned physicians of the colonies. Among these Drs. Cadwallader Colden, of New York, and John Bartram, of Pennsylvania, stood pre-eminent. The first named of those eminent men taught the Linnæan system or classification of plants, on the Banks of the Hudson, several years before it was recognized in England. Colden doubtless derived his knowledge from the traveler, Kalm, who was pupil of Linnæus; and so highly was he esteemed by the botanists of the Old World, that one of the most beautiful plants of the tetrandrous class was named *Coldenia*, in honor of his name.

John Bartram, though living at a little later period of our history, enjoyed a still more extensive reputation in this department of science, and probably was favored with a more extensive correspondence with the scientific men of Europe than any of his cotemporaries. He was the first Anglo-American who attempted to establish a botanic garden in this country. This garden was located on the Schuylkill, about three miles from Philadelphia, and contained about five acres, well covered with a great variety "of new,

beautiful, and useful trees, shrubs, and herbaceous plants."

We are told that his garden attracted the attention, and induced the visits of many learned men; and Bartram himself continued to travel extensively through the country, and make collections in the various departments of natural science, until he was over seventy years of age.

Dr. John Clayton, who came from England to Virginia in 1705, has already been referred to as the author of the *Flora Virginica*, published in 1743; and Dr. Alexander Garden, of South Carolina, was no less distinguished both as a naturalist and physician. He kept up a correspondence with Linnæus in Latin, by whom he was held in high estimation. The beautiful flowering shrub called *Gardenia*, was so named in honor of Dr. Garden.

The practice of sending native young men from the colonies to be educated in the Medical Schools of Europe, was more prevalent in the southern than in the eastern colonies. So early as 1734, William Bull, a native Carolinian, received the degree of M.D. at Leyden. John Moultrie graduated at Edinburgh, in 1749, and published his Thesis, "*de Febre Flava*;" and we are told by Dr. Ramsey, that ten other natives of that colony obtained the same honor between

1768 and 1778. In the middle and southern States, there was much less disposition to merge the duties of physician and priest in the same hands, than in New England. Indeed, they seem to have been much better supplied at an early period, with well educated physicians from England and Scotland, than the more northern colonies ; and in the same proportion did the profession enjoy a higher reputation, both at home and abroad.

(East New Jersey appears to be entitled to the credit of making the first attempt to improve the condition of the profession by means of social organization.) So early as 1766, a numerous meeting of physicians was held at New Brunswick, and a constitution and by-laws adopted for a permanent organization. Delegates were present from all parts of the State, and the objects, as set forth in the preamble to the constitution, were "*Mutual improvement, the advancement of the Profession, the promotion of the public good, and the cultivation of harmony and friendship among their brethren.*" These were objects worthy the attention of enlightened minds ; and they seem to have been strictly adhered to, and successfully carried out ; the society meeting regularly twice in each year, until interrupted in 1775, when not a few of its members left the social circle and the bed-side, to bind up the wounds

of bleeding freemen, or with them, share the deadly strife in freedom's cause. The second important movement in this direction, was in the colony of Massachusetts, a little before the close of the war. In 1781, the Massachusetts Medical Society was incorporated, embracing about thirty members, with the venerable Edward Holyoke, as its President. Among the original members, we find the names of John Warren, Aaron Dexter, Joseph Fisk, Edward A. Holyoke, and James Lloyd.

During the same year, Dr. John Warren, who was then surgeon of a military hospital in Boston, commenced a course of anatomical lectures, which were the first of which we have any account in New England. They were continued several years, and attended by many of the students of Harvard University, until a Medical Faculty was organized in connection with that institution,

Such is a brief view of medical institutions and practice, during the colonial period of our history. (And if we consider the condition of the American colonies, the many dependencies on the mother country, on the one hand, and the almost constant aggressions of the French and Indians, on the other, the scattered state of the population etc., we doubt whether any profession, under similar circumstances, ever progressed with greater

rapidity than the medical profession of the colonies, during the twenty-five years succeeding the middle of the eighteenth century.) Still quackery, in all its forms and guises, was everywhere flourishing; and the profession itself destitute of that internal organization or associated effort at improvement, which is so necessary to high respectability and permanent prosperity. Even the prohibitory laws of 1760, in New York, and of 1772, in New Jersey, seem to have had very little influence in accomplishing the object for which they were designed, viz.: the elevation of the profession, and the suppression of irregular practice. But the time of their continuance before the commencement of the war of 1775, which, for a period of eight years, effectually diverted the attention of all classes from all other subjects, was too short to allow any inference of value to be drawn in regard to their success or failure. Notwithstanding the adverse circumstances in which the country was placed, and the admitted degradation of a great proportion of the medical practice of those times, still we cannot but admire the liberal views, the close and patient observation, and the bold cast of originality, exhibited by those whose education had fitted them for the high responsibilities of their calling. And equally must we admire, the broad and liberal basis on which

they planted their infant institutions in Philadelphia and New York; requiring as they did, a preliminary education and a curriculum of medical studies, superior to that of any medical institution now existing in our boasted republic. If, any doubt this, let them compare the regulations of the Philadelphia Medical College of 1768, as already quoted, with those of any of our existing institutions.

CHAPTER II.

FROM THE YEAR ONE THOUSAND SEVEN HUNDRED
AND EIGHTY-THREE TO ONE THOUSAND EIGHT
HUNDRED AND SIX.

During that great Revolutionary struggle, which terminated in the establishment of the Independence of the American colonies, but little time or means was afforded for the cultivation of any science or profession, save that of arms and the arts of war. And perhaps no class were more faithful or vigilant in their country's cause than the practitioners of medicine. They not only followed the military camp, sharing its privations and toils as surgeons, but no small number exchanged the lancet for the sword, and the Esculapian wig for the cap of the military chief; and long will the pages of American history glow with the names of Warren, Mercer, Rush, etc., the two former of whom sealed their devotion to the cause with their lives. • During the war, both New York and Philadelphia fell into the hands of

the British, and the operations of the medical schools, like all other institutions in those places, were suspended until their evacuation. Even the Medical Society of New Jersey, as already stated, was compelled to suspend its functions during the hostile incursions of the proud invader. But, while these ordinary means of facilitating medical education were suspended, another school of quite a different character was opened for the training of our profession. We have alluded, in a previous chapter, to the benefits derived by the profession of the Colonies from the medical corps attached to the English armies, sent against the French colonies in the war which terminated in 1763; but the war for Independence afforded another and severer school than the one which had preceded. In the former, the Colonial profession held the position of pupils and assistants, while in the latter they were left entirely to their own resources, in a direct contest against their former guides and masters. It was during this trying period, when the profession was compelled to act independently, and often without even a proper supply of drugs, that, animated and encouraged by the noble spirit of a Rush, it rose equal to every emergency, and acquired that self-reliance which enabled it, at the close of the eventful struggle, to set about resuscitating its

infant institutions, with a zeal that could not fail of success. Hence, no sooner was Philadelphia evacuated by the British army in 1778, than we find the functions of the College and Hospital resumed by the same teachers, and under the same regulations, as before. The number of students in attendance during the winter and spring of 1779, was not less than sixty, although no graduates are reported for that year. Indeed, the number of graduates during the whole of the period under consideration, amounting to nearly a quarter of a century, scarcely averaged ten annually. This was neither owing to the small number of students in attendance on the lectures, nor to the difficulties in the way of graduation, but to the much less relative importance which was at this period attached to the degree. The degree, either of Bachelor of Medicine, or Doctor, conveyed, at that time, no special privileges in regard to practice; and hence was regarded, like all other literary degrees, as a mere honorary title,—therefore, we find students resorting to the Medical College, not so much for the title it was authorized to bestow, as for the real medical knowledge it was capable of dispensing.

In 1779, the Pennsylvania legislature abrogated the charter of the College, and founded another, called the University of Pennsylvania,

endowing it liberally with funds derived from the confiscated estates of the royalists of that commonwealth, and provided for a medical department in place of that in connection with the one whose organization had been dissolved.

This, however, produced but little other effect on the Medical College than a change of name, for the same professors were in reality continued, until 1789, when the legislature, acknowledging the injustice of their predecessors in abrogating the former charter, restored it again, with all the powers and privileges belonging thereto; but, at the same time, permitting the University to remain unaltered. This act brought into existence two Colleges, each possessed of the privilege of having a medical department annexed, and neither willing to forego that privilege in favor of the other.

The result was the organization of two medical faculties during the following year. But experience soon taught them that the patronage was too limited to sustain two institutions, either literary or medical, hence they were united in 1792, under the name of the University of Pennsylvania, which has been retained until the present time. The Medical Faculty of the united school was composed of Dr. William Shippen, Prof. of Anatomy, Surgery, and Midwifery; and

Dr. Caspar Wistar, Adjunct; Dr. Adam Kuhn, Prof. of Theory and Practice of Medicine; Dr. Benjamin Rush, Prof. of the Institutes of Medicine, and Clinical Medicine; Dr. James Hutchinson, Prof. of Chemistry; Dr. Samuel P. Griffitts, Prof. of Materia Medica; Dr. Benjamin S. Barton, Prof. of Botany and Natural History. Some important changes were also made at this time for the government of the College, and the conferring of degrees. The Bachelor's degree was wholly abolished, and that of Doctor of Medicine conferred under the following rules, viz.:

“1. That the candidate should not be under twenty-one years of age, should have studied medicine for three years, and for two, at least, in connection with the University. 2. That he should have attended at least *one* course of lectures of the several professors, with the exception of the professor of Botany and Natural History, and should also have attended one course of Natural and Experimental Philosophy in the institution, unless he had received instruction in this branch elsewhere; and 3. That he should undergo a private examination before the faculty; and if approved by them, should be again privately examined by the faculty, in the presence of as many of the trustees as might choose to

attend ; and finally, if found to be properly qualified, should offer a thesis, to be printed at his own expense, and defended in public at the Annual Medical Commencement.”*

No one can fail to mark the contrast between these requisitions and those adopted by the first College, in 1768. Here, instead of a preliminary education, embracing mathematics, the natural sciences, and some knowledge of the Latin language, we have a simple requirement in regard to some instruction in “Natural and Experimental Philosophy ;” and, indeed, the whole requisitions for the degree of Doctor of Medicine, are much below those previously required for that of Bachelor. And we may here date the commencement of that lowering policy, and that disregard of preliminary education on the part of medical schools, which has worked great injury to the profession. But why was the original standard departed from, and particularly in the downward direction ? Before answering this question, we will turn our attention to the condition of medicine in the neighboring city of New York.

Soon after the close of the war, attempts were made to revive the medical department of King’s (now changed to that of Columbia) College.

* See “An Historical Sketch of the University of Pennsylvania,” published 1836.

Through some mismanagement, the attempt not only failed, but was attended with some circumstances which gave rise to a strong popular outbreak, commonly called the "Doctor's Mob." This arose from a suspicion that some bodies had been stolen from the grave-yard for dissection. The mob broke into the dissecting room of the College, and finding several subjects partially dissected, they exhibited the fragments to the multitude without, which so increased the excitement, that all law and order were trampled under foot for two or three days. Several medical gentlemen were grossly insulted, and many of the students were confined in prison for personal safety. This unhappy event not only tended very much to degrade the profession in the public estimation, but also greatly to retard the progress of the College.

To counteract, as far as possible, the evil influences brought to bear on the profession, and to improve medical science, several of the more enlightened young members formed themselves into a private society; and in 1787, they succeeded in inducing the magistrates of the city to establish an apothecary's shop, at the public expense, and freely tendered their professional services for the sick poor. Among the more prominent of these men were Drs. Wm. Moore,

Nicholas Romaine, Benjamin Kissam, Wright Post, and Valentine Seaman. They not only gave gratuitous attendance on the poor for several years, but connected therewith lectures on most of the branches of medicine, thereby constituting the first real hospital and dispensary, connected with practical instruction, under the corporation of the city. So great was their success, that in 1790, more than fifty students attended their instructions. Encouraged by their success, and failing in the establishment of a College of Physicians and Surgeons, for the sole purpose of medical instruction, another effort was made to revive the medical department of Columbia College. In the fall of 1791, the private association introduced no less than sixty medical students into the College, and thereby induced the legislature to make a grant of over \$30,000 to the trustees, for the purpose of enabling them to enlarge their buildings, etc. In the following year, the medical faculty was reorganized, by the appointment of Drs. Baily, Post, Rogers, Hamersly, Nicoll, and Kissam, Professors; and Dr. Bard, Dean of the Faculty. Some of these appointments were so unsatisfactory to the students that many of them abandoned the College, and erased their names from the register. Indeed, such were the internal

jealousies, and outward prejudices, that the institution, though it maintained an existence until 1810, yet never attained a degree of prosperity equal to the private association to which we have alluded. About this time also, the buildings for the New York Hospital, which had been destroyed by fire previous to the war, were again so far completed as to allow of the admission of patients. Soon after the close of the war, the subject of medical instruction began to attract attention in the Eastern States. And we have already seen that so early as 1782, some courses of lectures on the different branches of medicine were given, in connection with Cambridge University. This was mainly in consequence of several liberal donations from some wealthy and enlightened friends of the cause. In 1788, a medical faculty was established in connection with Harvard College, headed by Dr. John Warren, with Drs. Waterhouse and Dexter for associates. This was continued with a reasonable degree of success, and under fair regulations, until 1810, when it was removed to Boston, where it soon obtained a much higher degree of prosperity. How much the almost simultaneous establishment of these several schools, and particularly the school and hospital in the rival city of New York, influenced the marked lowering down of the requisitions for

graduation, to which we have alluded, in the Medical School of Philadelphia, every reader must judge for himself. It was doubtless these things, aided by the prevailing spirit of the times, that led to this sad change of policy.

The Massachusetts Medical Society was established by an act of the legislature of that state in 1781. The objects set forth in the act of incorporation were, the promotion of medical science, and the regulation of all matters pertaining to the profession. To enable it to accomplish these desirable objects, the society was authorized to appoint a Board of Censors, whose duty it was to examine all candidates for admission into the profession in that state, and grant licenses to such as were found qualified. This society, together with that formed soon after in New Haven, and the New Hampshire Society, chartered in 1791, exerted a very salutary influence over the profession throughout the Eastern States. Their powers and duties were modified from time to time, until at length the organization of each became complete, and they had severally adopted fixed regulations for the examination and admission of candidates, and enlightened codes of medical ethics, as we shall see in the sequel.

To stimulate into action individual talent, and encourage still further the cultivation of medical

science, a wealthy and enlightened citizen of Boston, Ward Nicholas Boylston, Esq., established in 1798, a perpetual legacy, yielding \$133 per annum. Thirty-three dollars of this sum was to aid in the establishment of an anatomical museum, and the remaining one hundred to be awarded annually for premiums for medical essays, under the direction of the Fellows of the Massachusetts Medical Society. The noble intentions of the donor have been faithfully carried out by the society, who have thereby annually called forth a number of interesting essays, which now embrace many of the most important topics belonging to medical science. The Massachusetts Medical Society also enjoys the honor of being the first in this country to issue a regular volume of transactions, made up of the most interesting papers read before the society.

The first number of the transactions was published previous to the year 1800, and contained papers written by Drs. E. A. Holyoke, of Salem; Wm. Baylies, of Dighton; Joseph Orne, of Salem; N. W. Appleton, of Boston; Edward A. Wyer, of Halifax, N.S.; Isaac Rand, of Cambridge; Isaac Rand, Jr., of Boston; Joseph Osgood, of Andover; Thomas Welsh, of Boston; and Thomas Kast, of Boston. The most important of these papers, were: "An account of the

weather and epidemics of Salem, in the county of Essex, for the year 1786; with a bill of mortality for the same year; by Edward A. Holyoke, M.D., written in 1787,"—"A case of Empyema, successfully treated by an operation, by Isaac Rand, in 1783,"—"Observations on Hydrocephalus Internus, by operation, by Isaac Rand, Jr., in 1789,"—and "an account of an Aneurism of the Thigh perfectly cured by an operation, and the use of the limb preserved, by Thomas Kast, in 1790." The second number of the society's transactions was not published until 1808. The first medical society organised south of New Jersey, was the Philadelphia College of Physicians, which was instituted in 1787, and incorporated by the legislature of the state in 1789. The Philadelphia Medical Society was organized in the same city in 1789, and was incorporated in 1792. An interesting notice of the history of the last-named society, may be found in the *Medical News and Library* for January, 1843.

It was during the period under consideration that another powerful means of diffusing medical knowledge, and promoting the welfare of the profession, was brought into requisition. I allude to the medical periodical press. The first medical periodical published in America, was commenced in the city of New York, and was called the

Medical Repository. It was commenced by Drs. Samuel L. Mitchell, Edward Miller, and Elihu H. Smith, in 1797; and the first named of this eminent trio continued its principal editor through the whole of the first sixteen volumes. At the end of this time it passed under the editorial care of Dr. James R. Manley, assisted by able associates, who maintained its reputation unabated until the end of the twenty-third volume. The *Repository* was a good sized quarterly journal, and its pages were enriched with many of the ablest medical and scientific productions of the period through which it was published. In 1804, two medical journals were started in Philadelphia, one called the *Philadelphia Medical Museum*, the other, the *Philadelphia Medical and Physical Journal*.

The first number of the *Museum* was issued in September, 1804, edited by Dr. John Redman Coxe. The *Medical and Physical Journal* was commenced in November of the same year, under the editorial management of Benj. Smith Barton. These several journals soon called into action much talent that had hitherto been dormant, by eliciting essays and communications from many of the most intelligent members of the profession in every part of the country, by publishing the proceedings of medical societies at home and abroad, and by affording a free channel for

dignified scientific discussions. They thus became powerful auxiliaries in the great work of medical education and advancement.

The medical department of Dartmouth College was organized in 1797, on much the same plan with the first schools in Philadelphia and New York. During the first nine years after the medical department was established, medical honors were conferred on thirty-three candidates, only one of whom took the higher degree of Doctor of Medicine, all the rest taking the degree of Bachelor. The same course was continued up to 1812, after which, the degree of Doctor seems to have been the only one conferred by the college. During the period now under consideration, we find very little done by the several state legislatures, either to promote the education of the profession, or protect the interests of the community against empiricism. The first legislative act which we find on record, having for its object the regulation of medical practice, subsequent to the war, was adopted by the legislature of New York, in March, 1792. This law required all students who had graduated at some literary college in the United States, to study two years, and those who had not so graduated, to study three years with some reputable practitioner ; and then undergo an examination before the Governor, Chancellor, the judges

of the Supreme Court, the Attorney-General, the Mayor, and Recorder of the city of New York, or any two of them. The examining officers were allowed to take to their assistance any three practitioners whom they might choose; and if the candidate was found qualified, he received a license, which authorized him to practice medicine in all its branches. But all persons destitute of such license, were prohibited from collecting pay for their services, except such as were already in practice before the law was enacted. This law was in all respects similar to the colonial law of 1760; and, like it, was limited in its operations to the city and county of New York. The act continued in force five years, when it was repealed, or rather superseded, by another passed by the legislature in 1797, which prohibited all persons from practicing physic or surgery in that state without a license from one or more of the officers mentioned in the act of 1792, under a penalty of twenty-five dollars for each offense.

The period of study was extended to four years, with a deduction of one year in favor of those who had graduated at some literary college. Each candidate was also required to furnish the examining officers with a certificate of the time he had studied, verified by the oath of his

preceptor ; and his license was to be filed in the clerk's office of the county, where he commenced practice.

Those who had received the degree of Bachelor or Doctor of Medicine from a medical college, were permitted to practice on filing a copy of their diploma in the county clerk's office, without any further examination. The great defect in this law, consisted in the fact, that the certificate, setting forth the time of study, etc., and verified by the oath of the preceptor, became the only test of qualifications for practice ; it being only necessary to exhibit this to the proper officer, and file it in the office of the county clerk. It, however, remained with only slight amendment until 1806, and its provisions embraced the whole state.

The medical society which had existed in New Jersey since 1766, was regularly incorporated by the legislature of that state, in 1790, under the name of the "Medical Society of the state of New Jersey." The act of incorporation conferred the power to appoint censors for the purpose of examining and licensing candidates for permission to practice in that state ; also, to establish district or county societies, whose delegates were to constitute the parent or state society. The term of study required, and all the regulations adopted,

were very similar to those prescribed by the law of 1797, in New York. The Medical Society of South Carolina was incorporated in 1794, but no provision for examining and licensing candidates for admission into the profession, was made until 1817.

In 1799, the "Medical and Chirurgical Faculty of the state of Maryland" was incorporated, with power to elect "by ballot, twelve persons of the greatest medical and chirurgical abilities in the state, who shall be styled the Medical Board of Examiners for the state of Maryland." It was the duty of this board "to grant licenses to such medical and chirurgical gentlemen, as they, either upon a full examination, or upon the production of diplomas from some respectable college, may judge adequate to commence the practice of the medical and chirurgical arts."

Under a supplementary act passed in 1801, the Board of Examiners required all graduates of medical colleges, as well as others, to apply for and obtain a license before being authorized to practice. The penalty for practicing in violation of the foregoing provisions, was fifty dollars for each offense, to be recovered in the county court where the offender may reside; and the judges of those courts were directed to give the several acts relating to medicine and surgery, annually, in charge

to their respective grand juries.* Every person licensed by the Examining Board was, by virtue of such license, constituted a member of the state society. It is thus seen that Maryland was, not only among the earliest to enact laws to protect her citizens against the inroads of ignorance and empiricism, but also that her laws relating to this subject were at once simple and effectual. By the foregoing, it will be seen that six of the original thirteen states had recognized their right and duty to legislate on the subject of medical education and practice during the first twenty years after the Revolutionary War.

Concerning the general condition of the profession at this time, we have the testimony of some of its most distinguished members, as well as other authority of a reliable character. In the preamble to the law passed by the legislature of New York, in 1792, it is stated that, "many ignorant and unskillful persons presume to practice physic and surgery within the city and county of New York, to the great detriment and hazard of the lives and limbs of the citizens thereof," etc. And the venerable Dr. John Stearns, in speaking of this period, says: "those who witnessed the original and progressive settlement of the northern and

* See act of Incorporation, Supplementary Acts, &c., 18mo Balt., 1822.

western sections of this (New York) state since the year 1791, will recognize the mania that infatuated the emigrants from the east, and the ambitious projects formed by those who assumed the title of Doctor. Many who had never read a volume in medicine, were suddenly introduced to an extensive practice, and to a reputation of such imposing authority, as to control the opinions of their superiors in science, and to prescribe rules of practice for their government. Consultations were generally distinguished for gross controversies at the *bed-side* of the patient, whose health and life were often immolated to the ignorance, prejudices, or discordant theories of the contending physicians. Their skill was generally graduated by their ability to magnify the cures they had made.”* Again the same writer, in an anniversary address read to the Medical Society of the state of New York, in 1818, says: “Science was almost exclusively limited to our populous cities. With a few honorable exceptions in each county, the practitioners were ignorant, degraded, and contemptible. Without any system of principles, their practice was desultory and empirical.” Although the foregoing extracts were written solely in reference to the profession in the state of New

* See United States Medical and Surgical Journal, No. 16, page 122.

York, yet they will apply with sufficient correctness to all parts of the Union.* As we have seen, only three or four states had attempted to place any positive restrictions on irregular or empirical practice; and not more than 300 students were annually found in attendance on the three or four medical colleges that were in active operation during this period; and the whole number of graduates did not average fifteen annually. Still this was an important era in the history of American medicine. It was the period of emancipation, if we may so speak, from obedience to European theories, and dependence on European institutions. It was the forming period of a most difficult profession in a new and widely extended country, and while the great mass were neither learned in science nor skilled in practice, there were to be found in every state a few who had attained pre-eminence in both.

The names of John Warren, Benj. Waterhouse, Richard Bayley, Samuel Bard, Edward Miller, Samuel L. Mitchell, Wright Post, Nicholas

* The following preamble to a law passed in 1736, will show something in regard to the state of medicine in Virginia:—

“Whereas, the practice of physic in this colony is most commonly taken up and followed by surgeons, apothecaries, or such as have only served apprenticeships to those trades, who often prove very unskillful in the art of a physician,” &c.—[See Herring’s Statutes of Virginia, Vol. 4th.

Romaine, Peter Middleton, John Jones, Benj. Rush, Benj. S. Barton, William Shippen, W. P. Dewees, John Mitchell, Lionel Chalmers, J. Moultrie, and several others, will ever constitute a bright galaxy on the pages of American medical history. Many of these were not only learned, but they were characterized by a bold, free spirit of inquiry, which soon broke through the theoretical dogmas of that day, and did more by their writings to overthrow the absurdities of the Børhaavian school than any equal number of their contemporaries on the other side of the Atlantic. In regard to the medical theories or opinions that prevailed at the period which closes this chapter, we are told by Dr. Rush that "the system of Børhaave long ago ceased to regulate the practice of physic. It was succeeded by the system of Cullen. In the year 1790, Dr. Brown's system of medicine was introduced and taught by Dr. Gibbon. It captivated a few young men for a while, but it soon fell into disrepute." In the year 1790, Dr. Rush promulgated some principles which he regarded as the foundation of a new system in medicine, of which the following is a summary in his own language:—"This system rejects the nosological arrangement of diseases, and admits only of a single disease, consisting in different forms of morbid excitement, induced by irritants

acting upon previous debility. It rejects, further, an undue reliance upon the powers of nature, and teaches instantly to rest the cure of all violent and feeble diseases out of her hands; and lastly; it rejects prescriptions for the names of diseases; and by directing their application wholly to their forming and fluctuating states, derives from a few active medicines all the advantages which have been in vain expected from the numerous articles which compose European treatises upon the *materia medica*." But notwithstanding the plausibility of the doctrines promulgated by Dr. Rush, the system of Cullen still held sway in the minds of the majority of practitioners throughout the country. He, however, struck an effectual blow against those cumbersome and arbitrary nosological arrangements which had so long served to mislead and obscure, rather than enlighten, the professional mind. These doctrines were also chiefly instrumental in causing the general adoption, in this country, of a much more active and depletory, or antiphlogistic, system of treating diseases than had previously prevailed—a system of treatment, indeed, which still retains the confidence of a large portion of the profession. It is true that his opinions and recommendations in regard to blood-letting, were sometimes extravagant, and, on that account, have more recently

met with severe censure from the most eminent members of the profession.* But before we indulge in a too sweeping condemnation, and attribute to Dr. Rush the origin of all the evils which have resulted from a too prodigal indulgence in the use of the lancet, we should first inquire into the particular character of the diseases prevalent in the community during the period of his own observations; second, whether that character has since undergone any change; and third, whether the evils alluded to were owing to his erroneous doctrines, or to the application of them, unchanged by his successors to diseases essentially modified in their character. If we call to mind the habits of the people of Philadelphia just previous to the Revolutionary war, as already briefly detailed in the preceding chapter, and remember that upon such habits supervened the strong and universal political and warlike excitement of the Revolution itself, accompanied by far greater abstemiousness and physical hardihood, we shall not fail to see a combination of causes well calculated to give a highly stenic or inflammatory character to all such diseases as should prevail at that period. Neither did the influence of these causes cease for several years after the close of the war. But

* See Beck on Blood-letting in the Young Subject.

we are not left simply to inferences in regard to the nature of the diseases of that period. Dr. Rush says, in speaking of the diseases of Philadelphia: " Fevers have assumed several new forms since the year 1766, The mild bilious fever has gradually extended itself over the whole city.

* * * In the years 1791 and 1792, it assumed an inflammatory appearance, and was accompanied, in many cases, with hepatic affections. It appeared in 1793 as an epidemic, in the form of what is called yellow fever, in which form it has appeared, in sporadic cases, or as an epidemic, nearly every year since. During the reign of this high grade of bilious fever, mild intermittents, and remittents, and the chronic or nervous forms of the summer and autumnal fever, have nearly disappeared. Inflammations and obstructions of the liver have been more frequent than in former years, and even the pneumonias, catarrhs, intercurrent, and other fevers of the winter and spring months, have all partaken more or less of the inflammatory and malignant nature of the yellow fever." Whoever will compare the most accurate accounts which are left on record, of the diseases that prevailed between 1780 and 1806, with the phenomena of diseases prevalent in the same cities at the present time, will certainly find little difficulty in recognising a marked difference in their

character. How much similarity is there between the slow nervous or typhoid fevers, which occur in all our large cities, or the more fully formed typhus of the emigrants and poorer classes, and the congestive, inflammatory, and rapidly progressing fevers of the period embraced in this chapter of our history? and what right have we to judge of the propriety of active depletion in the latter by our knowledge of its effects in the former? No more, certainly, to use an apt comparison of Rush, than we have to consult the almanacs of 1803 for the monthly phases of the moon of the present year.

The character of diseases, however, not only varies at different periods of time, but in different localities also. Thus, I have been intimately acquainted with the practice of a physician, who, during a ten years' residence and extensive practice in a rugged agricultural district, was uniformly in the habit of using the lancet freely in the first stage of all febrile and inflammatory attacks occurring in his district, where the patient had been previously in good health, and with the most decided and uniform success. But does any one imagine that the same results would follow the application of this practice among the delicate and fashionable classes on the one hand, or the ill-fed and

uncared for poor on the other, which, together, make up so large a share of the population of all our large cities? The truth is, that professional men are too apt, though perhaps unconsciously, to think and speak of disease as a positive *entity*—as a something with well defined and uniform characteristics; and hence they are continually prone to condemn their predecessors for using, in a given disease, whatever their own experience shows to be inapplicable to the disease, called by the same name, as it occurs in their day. A full recognition of the fact, that disease is only a morbid condition of previously healthy functions or structures, would show every thinking mind that the special tone or character of any disease must depend entirely on the tone or character of the previous standard of health and the quality of the exciting causes. Every intelligent physician fully recognizes this principle in its application to different cases of the same disease occurring in his own practice; but often forgets it when comparing his practice with that of his predecessors, or even with that of his contemporaries of a distant and, perhaps, essentially different locality;—hence, he is apt to condemn others for what is really his own fault, viz.: an attempt to apply the practice of another to a disease, merely because it is called by the same

name, without reference to the question whether it prevails in a similar locality, among people of the same habits, and arising from causes of the same quality and grade of intensity. If we feel the force of these thoughts, while we remember that Dr. Rush came upon the stage of action at a period when the professional mind had scarcely yet divested itself of the humoral and expectant notions of treatment inculcated by the Boerhaavian school, and that he lived in the midst of opposition, we shall feel much more disposed to excuse than censure his seeming extravagancies, and to enquire seriously whether we have as rigidly examined the diseases of our day, as he did those of his.

The views of Dr. Rush, in reference to bleeding, were warmly seconded by Drs. Griffiths, Dewees, Physick, etc., while they were strenuously opposed by many others. In 1806, Dr. W. P. Dewees published his elaborate and interesting Inaugural Thesis, "on the means of moderating or relieving pain during the process of Parturition." In this paper, he maintained the doctrine, that "*pain* was an accidental or morbid symptom of labor—the result of artificial modes of living and treatment." The remedy which he proposed, and successfully practiced through a long series of years, was copious

blood-letting. The same doctrines and practices had been ably defended by Dr. Peter Miller, in an Inaugural Thesis, published in Philadelphia in 1804; but Miller had himself attended the private lectures of Dr. Dewees, and doubtless derived from him the views set forth in his essay. The views of Dr. Dewees on this subject met the cordial approbation of both Rush and Shippen; the latter of whom is said to have declared that the Thesis of 1806 "marked an *era* in the history of medicine." It is true that bleeding during parturition had long been practiced in different countries of Europe, and even by the midwives of Genoa; but its advocacy for the *purposes* mentioned in the paper of Dewees, and to the copious extent practiced by him and his followers, was new, and, therefore, strictly American in its origin. The reader will not fail to notice, that the doctrine here advocated in reference to the nature of the *pains* of labor, is directly the opposite of that inculcated by a distinguished professor and author in the same city, now occupying the front rank among the obstetricians of the present age. Neither will he fail to notice that Dewees practiced copious bleeding for the same purpose, and, in many instances, enforced its necessity with the same arguments that are now used by Simpson and others in favor of anesthetic agents.

The following paragraph from Rush's celebrated defence of blood-letting is worthy of notice, as showing that the very idea—the practical accomplishment of which constitutes one of the prominent glories of medicine in our day—was fully present in the minds of such men as Rush and Dewees:—

“I have expressed a hope in another place,”* says Dr. Rush, “that a medicine would be discovered that should suspend sensibility altogether, and leave irritability or the powers of motion unimpaired, and thereby destroy labor pains altogether. I was encouraged to cherish this hope by having known delivery to take place in one instance, during a paroxysm of epilepsy; and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness nor recollection of pain.” Here the drunken woman, doubtless, presented as fair a case of anæsthesia as though she had inhaled ether or chloroform. Dr. Rush even goes further than Dewees, and represents the uterus as in a diseased state during the period of pregnancy and parturition. He says, “In *pregnancy*, the uterus is always affected with that grade of morbid action which I formerly

* See *Medical Repository*, Vol. VI.

called inflammation. This is evident from its exhibiting all its usual phenomena in other parts of the body." Again, he says,

"*Parturition* is a higher grade of disease than that which takes place in pregnancy. It consists of convulsive or chronic spasms in the uterus, supervening its inflammation, and is accompanied with chills, heat, a quick, full, tense, or a frequent and depressed pulse, and great pain." And after alluding to one of the most important points discussed in the well-known correspondence between Professors Meigs and Simpson, relative to the propriety of obviating the pains of labor by the use of anæsthetic agents, he adds, "I was induced to believe that pain does not accompany child-bearing by an immutable decree of Heaven." Hence, he fully accords with Dr. Dewees in recommending free and even copious blood-letting to relieve the pains of pregnancy and parturition, unless it should be contra-indicated by previous inanition or other causes of langour and enfeebled circulation.

Perhaps no one thing has served to render the period now under consideration more conspicuous than the warm and interesting controversy which was maintained in reference to *contagion*, especially as applied to the origin and spread of yellow fever. The repeated visitations of this disease,

even as far north as New York and Philadelphia, during the last part of the eighteenth and the first few years of the nineteenth centuries, caused it to be a subject of absorbing interest. And as it was always confined to commercial towns and cities located near the sea, or the Islands in the Indies, it was very natural that the earliest observers should attribute it to importation, and regard it, therefore, as a highly contagious disease. The correctness of this view was soon called in question, however; and, though supported by such men as Lining of South Carolina, Mitchell of Virginia, and Hosack of New York, yet it rapidly lost its hold on the professional mind of this country, under the most searching and able opposition of Dr. Rush and a few others. And few questions are considered better settled at the present day than that yellow fever is not contagious. Those who desire to examine this interesting subject with care, will do well to consult the early volumes of the *New York Medical Repository*, the two medical journals then published in Philadelphia, and also the *Medical Inquiries and Observations* of Dr. Rush. Before closing this chapter, we must allude to two important historical mistakes made by eminent medical men abroad. The first is by Dr. John Armstrong, who attributes to Dr. Robert Hamilton the merit

of first introducing the use of mercury as a remedy in inflammatory diseases. The latter gentleman, in his own account of the remedy, says his attention was first called to it by a medical officer of the army, in 1764; whereas, we have seen in the preceding chapter, what Dr. J. B. Beck has so fully presented in his little volume on Infant Therapeutics, that mercury, in the form of calomel was used in a malignant epidemic sore throat by Dr. Douglass of Boston, as early as 1736. It was still more extensively used and recommended by Dr. James Ogden of Long Island, in 1749; and it was very successfully introduced into the practice of the profession in Philadelphia, about the same time, by Dr. Thomas Bond. And Dr. Rush says, in speaking of the period which intervened between 1760-66, "Mercury was in *general* use in the years that have been mentioned." We thus see that the practice of which Dr. Armstrong speaks, was already in general use in the American colonies, even prior to the time it was first suggested to Dr. Hamilton. The second mistake to which we allude is that of Dr. Stokes, in his valuable treatise on diseases of the chest, where he gives Dr. Cheyne the credit of having first introduced the practice of giving tartar-emetic in the cynanche trachialis or croup. The first publication on the subject by Dr. Cheyne was in

1801. But Dr. Richard Bayley of New York had accurately pointed out the great value of this remedy in the same disease, in a letter to Dr. Wm. Hunter, published in New York city in 1781, just twenty years previous to the publication of Dr. Cheyne. Dr. Bayley is, not only fully entitled to the credit given by Dr. Stokes to Dr. Cheyne, but it is to him that the profession are also indebted for having first pointed out the true inflammatory nature of the disease here referred to. It was also during the last part of the eighteenth century that Dr. Thomas Cadwallader, of Philadelphia, first introduced the practice of treating the "dry gripes," or colica pictorum and bilious colic with *anodynes*, until the pains and spasms were allayed, and then moving the bowels only by gentle laxatives. The almost universal custom had been to give the most active and drastic purgatives, which often served only to increase the muscular contraction of the intestines, instead of relieving the patient. The treatment practiced by Dr. Cadwallader was afterwards adopted and highly recommended by Dr. Warren, of London.

The medical writings of this period seem to have been confined almost wholly to the pages of the three medical journals which had been established in New York and Philadelphia, and to here and there a pamphlet or a paper read before some

organized society. Indeed, I have not been able to find a single volume on any branch of medical science or practice, published by an American physician during the first twenty years after the close of the Revolutionary War.

And yet, as we have already seen, it was a period in our history which was graced with some of the noblest and most active minds ever devoted to the cultivation of medical science. But the art of *mere book making*, which has been brought to such perfection in this, our day, was little known to our professional ancestors.

CHAPTER III.

HISTORY OF THE PROGRESS OF MEDICAL EDUCATION
FROM THE YEAR ONE THOUSAND EIGHT HUNDRED
AND SIX TO ONE THOUSAND EIGHT HUNDRED AND
FIFTY.

To those who limit the means of education to the preceptor's office, and the college halls, and the period of its acquirements to the season of pupilage (and there are, unfortunately, many such), much of the matter contained in this work may appear irrevelant or superfluous. But it is unnecessary for us to state that we attach to the word a far more liberal and comprehensive meaning. Whatever increases the enterprize, stimulates the spirit of philosophical investigation, or adds an item to the stock of knowledge possessed by the profession, or whatever elevates it in the great scale of social being, is as truly a part of its education as is the study of its text-books, and the frequenting of its schools. The latter may, indeed, constitute the foundation, but many other

things are required to complete the superstructure of a fair medical education. And among those other things, none are of greater importance than well organized associations, admitting of frequent communications, and free interchange of thought among their members. Such associations not only elicit observations, stimulate investigations, and save from oblivion numberless facts, but they counteract the selfish feelings of individuality—they diffuse knowledge—they elevate the social feelings—and they embody and generalize facts that otherwise would remain isolated and useless. In this respect, the commencement of the period embraced in this chapter, forms an important era in the history of the medical profession in this country. For though several medical societies had been duly incorporated, and some of them continued in active operation for a quarter of a century, yet they were almost wholly confined in their influence to a few of the larger cities. Hence, as intimated near the close of the last chapter, the great mass of the profession were alike unsocial and ungoverned by ethical laws, and, consequently, without harmony of action or true dignity of professional character. This condition of things was fully appreciated by a few enlightened members of the profession in Saratoga County, New York, so early as 1796; during

which year several articles on the subject of a local medical association appeared in the newspapers of that county. These articles, we believe, were from the pen of Dr. John Stearns, then residing in that section of the state. So much attention was awakened, that a county society was soon after formed, containing twenty-one members; but so discordant were their feelings and modes of thought, that the same year saw both its organization and dissolution. This failure, however, by no means deterred the enlightened advocates of medical organization from further efforts. In November, 1805, another meeting of the physicians of Saratoga County was held, and a resolution adopted, inviting their medical brethren in Washington and Montgomery Counties to join them in the formation of a society, to be incorporated by the state legislature. The committee appointed to carry the resolution into effect, consisted of Drs. John Stearns, Wm. Patrick, and Grant Powell. The committee issued a circular to the physicians of Washington and Montgomery, in response to which, they sent delegates to the adjourned meeting at Ballston, on the 16th of January, 1806. A memorial to the legislature, asking for an act of incorporation, was reported at this meeting, adopted, and a committee appointed to carry it into effect. This committee

consisted of Dr. John Stearns, of Saratoga, Dr. Alex. Sheldon, of Montgomery, and Dr. Asa Fitch, of Washington. Fortunately the two first members of the committee had been also elected members of the popular branch of the legislature, and one of them, Dr. Sheldon, was elected speaker of the house.

It will be observed that the memorial contemplated nothing more than the passage of a law in reference to the three counties named; but the enlightened committee, to whom it had been committed, in presenting it to the legislature, took a wider survey of the wants of the profession, and asked for a law applicable to every county in the state. The memorial to the House of Assembly was referred to a committee of five, a majority of whom were medical men; and they, consequently, soon matured and reported a general act of incorporation, not only applicable to each county in the state, but also providing for a state society, composed of delegates from the several county associations. But politicians so magnified the dangers to which the state would be exposed from the incorporation of more than forty associations of physicians within its limits, that, despite of the most earnest support of both committees, the rejection of the proposed law, by a large majority, was considered almost certain. Owing, however,

to the very able and eloquent advocacy of the bill, at this critical period, by the Hon. Wm. W. Van Ness, it finally received the sanction of the legislature on the 4th of April, 1806.

This law authorized the legally qualified physicians and surgeons of each county to form themselves into a society, named after the county in which it was formed, with power to choose officers, make all needful rules for the government of its members, and appoint a board of censors to examine and license all the applicants for admission into the profession in their respective counties. But no one could be admitted to an examination until he had given evidence of having studied three years with some practitioner, and had arrived to the age of twenty-one years. A state medical society was also provided for, to be composed of one delegate from each county society, and such permanent members as the society should from time to time elect, not exceeding two in any one year. It was required to meet annually at the capitol, in the city of Albany, to elect officers, and transact such other business as the interests of the profession should require. It was also required to divide the state into four medical districts, and appoint a board of censors for each, whose duty it was to examine all candidates for license to practice medicine and surgery, who

should present themselves, after having studied the required length of time. The law also forbid any to enter the profession, and collect pay for their services, without first procuring either a license from a county or state society, or a diploma from some regularly organized medical college. Candidates who might be rejected by the county boards had the right to appeal to the censors of the state society for another examination ; but not *vice versa*.

Within two years after the passage of this law, nearly every county in the state had its regularly organized medical society, with its board of censors and library.

The first meeting of the state society was held at the capital in February, 1807, and completed its organization, according to the provisions of the law. Thus two great and all important objects were accomplished, viz. : a thorough organization of the profession in a manner most favorable to its advancement and elevation, and the provision for having all candidates examined before admission, by practitioners themselves, without the intervention of any other class. In the following year, 1807, an act was passed, making some further provisions for the internal organization of the state society, and also prescribing a penalty of five dollars per month for practicing

without being authorized according to the act of the previous year. This penalty, however, was not to apply to persons using, for the benefit of the sick, any roots or herbs, the growth of the United States. In May, 1812, the legislature increased the foregoing penalty to twenty-five dollars for each offense, and required that all licenses in future should be deposited in the county clerk's office. In 1813, these several acts were revised and consolidated into one statute, and continued without alteration until 1818, when the legislature passed an act increasing the term of study to four years; but one year might be deducted if the student had pursued classical studies that length of time, after the age of sixteen years, or had attended a complete course of lectures, delivered by each of the professors on all the branches of medical science in the medical colleges of this state, or elsewhere.

In the following year, another act was passed, prohibiting the medical colleges from granting the degree of Doctor of Medicine to any student who had not fully complied with the requisitions of the act of 1818. The next law of importance enacted in this state was that passed by the legislature in 1827. This leaves the term of study, and the conditions for obtaining a license to practice, essentially the same as before; but the 12th section

provided that "no person shall receive from the regents of the university a diploma conferring the degree of Doctor of Medicine, unless he shall have pursued the study of medical science for at least three years, after the age of sixteen, with some physician or surgeon duly authorized by law to practice his profession, and shall also have attended two complete courses of all the lectures delivered in an incorporated medical college, and have attended the last of such courses in the college, by which he shall be recommended for his degree." And section 20th declares, that no person under the age of twenty-one years can be entitled to practice physic and surgery in this state. Another provision of this law required all regularly licensed physicians to file a copy of their license or diploma in the county clerk's office, and become members of the county society in the county of their residence, before they were legally entitled to collect pay for their services.

Such are the essential features of the legislative enactments, adopted from time to time for the internal organization and regulation of the medical profession in the state of New York; and though exceedingly defective in many respects, they exerted a decided and beneficial influence over the great mass of the profession. The frequent contact with each other, and the mutual

interchange of sentiments, which took place in the county societies, soon led the practitioners to a more thorough knowledge of each other, and, consequently, to the adoption of by-laws and sound rules of ethics for their mutual government. This again led to a far more dignified and honorable intercourse with each other in private practice. The meetings of these societies were occupied in the reading of essays, the relation of cases, and the discussion of topics connected with medical practice, and generally with the diseases of their own counties; and not a few of the papers read at their meetings would do credit to any learned body. The presidents of the societies were also generally required to deliver an address at each anniversary meeting. Some of these were published either in pamphlet form or in the medical journals—some found their way into the transactions of the state society, and all were not only interesting, but well calculated to excite a spirit of investigation, and divert the attention of practitioners from the petty jealousies of private competition to the study of medicine as a science.

In the early part of this period, the number of medical colleges in the Union were but few, and the degrees conferred by them much less sought after than at present; and hence many of the candidates for admission into the ranks of the profession

were examined and licensed by the county societies, and the fees derived from the granting of such licenses were in most cases devoted to the purchase of books to constitute a county library. By this means the latest and best medical works were constantly being brought within the reach of every practitioner; and hence these libraries became powerful auxiliaries in the general diffusion of medical knowledge. The same ends were still further promoted by the action of the state society, which was organized February 3d, 1807.* Thus we find the society at its first meeting directing each member "to present a geological and topographical description of the county in which he might practice, and also a history of such diseases as might prevail in his particular place of residence, etc." Accordingly, in the following year, we find reports in compliance with this direction, from no less than seven members, viz.—Dr. Alex. Sheldon, of Montgomery; Dr. David R. Arnell, of Orange; Dr. Wm. Wheeler, of Dutchess; Dr. John Stearns, of Saratoga; Dr. Hugh Henderson, of Jefferson; Dr. Horatio Powell, of Clinton, and Dr. Lyman Cook, of Westchester. At this second annual meeting (Feb.,

* For a brief history of this society, including the names of its officers from year to year, see the *United States Medical and Surgical Journal*, vol. ii.; and also the published transactions.

1808), the society presented to the profession still stronger inducements to engage in medical investigations, by offering three premiums, viz. :—a medal of the value of fifty dollars for the “best dissertation on the topography, geology, and mineralogy of any county in the state, together with an account of the prevalent diseases in said county.” Another of the value of twenty-five dollars for the second best dissertation on the same subject ; and a third premium, consisting of a medal of the value of twenty-five dollars, for “the best dissertation on the causes, and best method of preventing and curing, the typhus mitior, or low nervous fever, which prevailed in different counties of the state.”

These offers called out several well written essays, and the first premium on the topography, etc., was awarded to Dr. John Stearns, of Saratoga County. The efforts to improve medical science, and elevate the character of the profession, thus early and actively commenced, have been continued with unremitting zeal by this society until the present time. But though the influence of the state and county societies has been highly beneficial to the profession, yet that influence has been in some measure counteracted by defects in the laws, and other circumstances, over which they had not control. Thus, while the

law of 1812 increased the penalty for practicing without a license or diploma to twenty-five dollars for each offense, it was rendered almost entirely void in practice, by the proviso, "that it should not be so construed as to prevent any person from prescribing for the benefit of the sick, any roots, barks, or herbs, the growth and produce of the United States."

Although the design of this provision was, undoubtedly, simply to shield nurses in their common practice of using simple domestic teas or infusions, in cases of sickness not considered sufficiently severe to require the attendance of a physician, yet in practice it was made to cover every species of empiricism, it being only necessary to plead the use of indigenous remedies. Hence, although the statutes of New York have contained, apparently, strict prohibitory or protective laws in regard to medical practice for more than thirty years, those laws have been practically inoperative from their own defects, and cannot, therefore, be considered as any test of the practicability or impracticability of suppressing quackery by penal enactments. Another important defect in the laws regulating the education of the profession consisted in the entire omission of any standard of preliminary education as a requisite, before commencing the study of medicine. This defect

not only existed in the laws regulating the profession, but equally so in the rules adopted by medical societies and colleges for granting the diploma ; hence we have been, and still are, annually witnessing the ridiculous spectacle of young men, possessing the high and dignified title of Doctor of Medicine, conferred by institutions called colleges and universities, who are destitute of even a competent knowledge of English grammar. These facts sufficiently explain why, notwithstanding the existence of a good internal organization, and the united efforts of state and county societies during a period of forty years, every species of quackery still abounds in this state—they show, too, that the repeal of that part of the law prescribing a penalty of twenty-five dollars for practicing without a license or diploma ; and also, that which renders the unlicensed incompetent to enforce payment for their services, which took place in 1843, was rather the repeal of an obsolete form than the removal of an operative law.

The medical laws of New Jersey were so amended in 1816 as to prohibit all unlicensed persons, who were not already engaged in practice, from entering upon those duties in that state, under a penalty of twenty-five dollars for each offense. Such persons were also disqualified from collecting any compensation for medical services.

But, instead of containing the neutralizing proviso which we have noticed in the laws of New York, it declared that, "this act shall be so construed as to prevent all irregular bred pretenders to the healing art, under the names or titles of practical botanists, root or Indian doctors, or any other name or title, involving quackery of any species, from practicing their deceptions, and imposing on the ignorance and credulity of their fellow-citizens." Some unimportant alterations in the medical laws of this state were made by the legislature in the years 1818, '23, '25, '30, '38; but their main features still remain in full force. And though the penal provisions against unlicensed practitioners are very seldom enforced; yet the influence of their state, and district or county societies, has been most salutary in promoting friendly intercourse, stimulating investigation, and elevating the professional character. State and district medical societies were organized at an early period in all the New England States. We have, in a previous chapter, mentioned the origin of those in Massachusetts, Connecticut, and New Hampshire. The Maine Medical Society was incorporated in 1821, and that of Rhode Island, in 1812. The regulations adopted in all these states were very similar. They all required the establishment of state or district boards of

censors, for examining and licensing candidates to practice ; also some degree of preliminary education, a term of medical study not less than three years, and the attainment of the age of twenty-one years. In Massachusetts, Rhode Island, and New Hampshire, the boards of censors were unconnected with the medical colleges of those states ; and the laws required all persons intending to commence practice, whether educated in those states or already licensed by the institutions of other states, to apply to some one of the boards of censors for a license before they were authorized to enforce payment for their services. In Connecticut and Maine, but one board of censors was established in each state, which was authorized to examine all candidates, whether for a license or the higher degree of M.D. These boards are composed, in the one state, of the medical faculty of Yale College, associated with an equal number of censors appointed by the president and fellows of the Connecticut Medical Society, the president of the society always being one of the number : and in the other, of the Medical Faculty of Bowdoin College, and an equal number of censors chosen by the Maine Medical Society.

In January, 1822, the Medical Society of the state of Delaware was authorized, by an act of the legislature, to appoint a medical board of

examiners, consisting of fifteen members, whose term of office was to continue five years; and who were directed to examine and license all candidates for admission into the profession in that state. The requisites for admission to an examination by such board were, three years' study with some respectable practitioner, the attendance on one full course of lectures in some medical college, and the attainment of twenty-one years of age. But graduates of respectable medical colleges were licensed on the exhibition of their diplomas, without an examination. The same penalties were enacted against unlicensed practitioners as in the state of Maryland. The Medical Society of the district of Columbia was incorporated by an act of Congress in 1819, with power to appoint a board of examiners, composed of five practitioners, whose duties and privileges were the same as those appointed by the Delaware Medical Society. And the same penalty was enacted against unlicensed and irregular practitioners. The states of South Carolina, Georgia, Alabama, Mississippi, and Louisiana have all had laws of a similar character, for the regulation of medical education and practice.

In 1817, the legislature of South Carolina enacted a law establishing two medical boards

of examiners, one in Charleston and the other in Columbia. They were required to examine all applicants for permission to practice in that state, except such as had received a diploma from some medical college, and grant licenses to those they deemed qualified. And every one practicing without such license was liable to be indicted and fined in a sum not exceeding five hundred dollars, and imprisoned a term not exceeding two months. These regulations continued in force until 1838, when all restrictions and penalties were abolished by an act of the state legislature. The act by which a fine of five hundred dollars was imposed on all who should practice physic in Georgia without a license from the board of physicians, was passed by the state legislature in 1826, and continued in force until 1835, when it was repealed. In 1839, the examining board of physicians was re-organized, and again invested with power to examine applicants and grant licenses; but with the following proviso, which nullifies the whole act, viz.:—"Provided nothing in the said revised act be so construed as to operate against the Thompsonian or Botanic practice, or any other practitioner of medicine in this state." It should also be mentioned that the Thompsonians have had for several years a regularly incorporated college in that state, with all the usual

collegiate powers; but at present its existence appears to be merely nominal.

In Alabama, an act was passed in Dec., 1823, requiring the establishment of five boards of medical examiners in the state, each consisting of three members, elected by a joint vote of both houses of the state legislature. Their powers and duties in regard to examining and licensing candidates were the same as those existing in South Carolina. The penalty for practicing without such license or a diploma from some medical college, was a sum not exceeding five hundred dollars for each offense. But the examining boards were all abolished some eight or ten years since, which operated as a repeal of all law on the subject. The medical laws of the state of Mississippi are coeval with the existence of the state itself. They provided for the establishment of three boards of examiners, appointed by the state legislature. These boards were required to examine all candidates for permission to practice medicine and surgery in their respective districts, whether graduates of a medical college or not, and grant licenses to such as they found qualified. By an act passed in 1827, all licenses were required to be filed in the clerk's office of the county where the holder of said license should commence practice, within six months from the

time of such commencement. All attempts to practice without procuring a license from one of the examining boards, and having it duly recorded in the clerk's office, was punishable by a fine not exceeding five hundred dollars, and imprisonment not exceeding six months. It was further made the duty of the county clerk to present a complete list of all licenses recorded in his office to the grand jury of each county court; and such grand jury were required to present to the court all such persons as, from their own knowledge, or from information given by others, were practicing physic or surgery without a license. In 1829, another act was passed by the legislature, authorizing the establishment of a "Medical Society of the State of Mississippi." These laws were very complete, and effectually accomplished the object for which they were designed. But when the state constitution was revised in 1834, the several boards of examiners were omitted, which operated as a repeal of all restraints on the practice of medicine in that state; and though the state medical society has maintained its organization, yet, since the year 1834, there have been no legal provisions for discouraging quackery in any of its forms. The first laws relating to the practice of physic and surgery in Louisiana were passed in 1808. They were revised and amended in 1816-17-20,

In the latter year, two medical boards were established, one for each supreme judicial district in the state. These boards were composed of six members each, appointed by the governor, with the advice and consent of the senate, with one apothecary attached to the board in the first district. These boards were to examine all applicants for license to practice in their respective districts, and license such as were found qualified; but such as had graduated at a respectable medical college were permitted to obtain a license on exhibiting their diploma, without an examination. The apothecary attached to the board in the first district, was to examine and license apothecaries, who were under the same regulations as practicing physicians. The penalties prescribed for violating the laws of this state, by practicing without a license, were a fine of one hundred dollars for the first offense; and for the second, a fine not exceeding two hundred dollars, and imprisonment not more than one year. The attorney-general was required to prosecute for all violations of the laws. The licenses were required to be filed in the parish or county-clerk's office, the same as in Mississippi. A state medical society was incorporated in Tennessee, in 1830, with a board of censors authorized to examine and license all persons who may present themselves for examination,

touching their skill in the practice of medicine and surgery. No term of study, or other preliminary condition, is required of the applicant, except that he be twenty-one years of age, and of good moral character; and no penalties are provided against practicing without a license.

The legislatures of Ohio, Indiana, and Michigan, have all passed laws incorporating state and county or district medical societies, with power to appoint censors, and license candidates to practice much the same as in New York. These laws also laid some moderate restrictions on unlicensed and irregular practitioners; but, as in most of the older states, all these restrictions have been repealed within the last ten years, leaving the regularly organized societies to maintain the honor of the profession, and protect the interests of the community as best they could.

From the hasty glance we have now taken of medical legislation throughout the Union, it will be observed that, during the first quarter of the nineteenth century, the legislatures of all the older states, except Pennsylvania, Virginia and North Carolina, enacted laws for the avowed purpose of protecting the citizens against the impositions of ignorance and empiricism, and of promoting medical science. That these were the real motives for enacting laws on this subject, and

especially the first one named, that of protecting the citizens against imposition, is abundantly shown by the preambles and titles attached to the several acts themselves.

The idea of protecting the profession, or investing it with special privileges, seems to have been the discovery of a later period, as we shall see in the sequel. Again, the business of examining and licensing candidates for admission into the ranks of the profession, was not only uniformly committed to medical men, but, with very few exceptions, those men were also selected by the profession, or rather by regularly organized medical societies. Another important fact is, that during this period, medical societies were regularly organized in almost every state in the Union ; hence the same effects that we have ascribed to the medical organization of New York, was felt to a greater or less extent throughout the whole Union. The intercourse between medical men was everywhere more dignified, medical intelligence was more rapidly and generally diffused, the importance of a good knowledge of anatomy, physiology, and chemistry became better appreciated, and in the same proportion, medical colleges were more generally patronized, and medical literature cultivated.

Such were the legitimate and highly beneficial influences exerted by medical associations throughout

the country. The number of graduates from medical colleges during the earlier part of this period was comparatively small, and in some of the states even those were obliged to procure licenses before entering into practice—far the larger share of those who entered the regular profession being examined and licensed by the boards of censors, appointed by state or district medical societies—a considerable fund was thus derived, which, in most instances, was appropriated, as in New York, to the support of the several societies, and the promotion of their legitimate objects;—holding thus, as it were, the keys of the profession, and aided, to some extent, by the funds derived from licenses, the medical organization of the several states and districts was actively and vigorously sustained.

The organization of medical societies throughout the Union, also brought into beneficial action another powerful stimulant to human enterprise—viz., ambition. Every society, whether county, district, or state, must have its official stations, its posts of honor; and hence, every right-minded member of those societies would be so influenced in his conduct as to gain the esteem and confidence of his professional brethren, without which he could not hope to be honored by them. But while the internal organization of the profession

was thus rapidly improving its character and influence, other agencies were brought into operation, some of which exerted a widely different effect, both on the profession and the community.

At the commencement of the period now under consideration, only about five hundred students were in attendance on the lectures in the four or five medical colleges then existing in the Union, and the whole number of graduates for the year 1807 did not exceed fifty. No sooner, however, did the study of anatomy, physiology, chemistry, etc., become better appreciated through the influences already detailed, than the students attending the colleges began rapidly to increase, and the number of colleges increased also. The small degree of prosperity which attended the Medical Department of Columbia College, led many members of the profession to use their influence to establish another college in that city. Accordingly the regents of the University of New York granted a charter for a new college in 1807, called the "College of Physicians and Surgeons of New York." This school was placed under the direction of a board of trustees, consisting of the whole medical society of the city and county of New York, and the degree of M.D. was conferred by the regents of the University of the

state, on the recommendation of the trustees and faculty of the College. The first course of lectures was given in the winter of 1807-8, to a class of fifty-three students, and was continued regularly thereafter until the present time.

In 1810, the Medical Department of Columbia College was finally discontinued, leaving the College of Physicians and Surgeons the only one in the state, with a class of students numbering eighty-two. But instead of that rapid prosperity which the friends of the institution, and the regents of the University now anticipated, the very numerous board of trustees, being mostly medical practitioners in the immediate vicinity of the college, soon became distracted by opposing councils, and jealousies between them and the members of the faculty, which caused much difficulty, and greatly retarded both the prosperity of the college, and the progress of medicine, in that city.

The Medical Department of the University of Maryland, in Baltimore, was incorporated by the legislature of that state in 1807, and was soon supplied with an able faculty, and has continued to enjoy a fair share of public confidence and prosperity until the present time.

In 1810, a medical department was attached to Yale College, at New Haven, but the first course of lectures was not delivered until the winter of

1813-14, since which time they have been regularly continued, the class usually numbering between fifty and one hundred, and the number of graduates varying from three to twenty-nine annually.

The next medical institution established in the country was at Fairfield, Herkimer County, New York, in 1812, called the "College of Physicians and Surgeons of the Western District." It was chartered by the regents of the state, with the same powers and duties as the College of Physicians and Surgeons of the city of New York. The degrees were conferred by the regents on the recommendation of the faculty and trustees of the college. The first course of lectures was given in the winter of 1813-14, to a class of thirty-three students. The course of this institution was marked by a pretty uniform degree of prosperity until 1834, when the class numbered two hundred and seventeen. From this period it began gradually to decline, owing to the influence of neighboring schools, and in 1840 the whole faculty resigned their places, and no successors were appointed.

Two new colleges were established in 1818, one at Castleton, Vermont, called the "Vermont Academy of Medicine," and the other at Lexington, Kentucky, called the "Medical School of Transylvania University." The degrees of

Castleton Medical School were conferred by Middlebury College until 1828, since which time they have been conferred by the college under its independent charter. The number of students in attendance have varied from twenty-four, in 1818, to one hundred and thirty, in 1836, and the number of graduates averaged about twenty-five annually. Since 1835, two courses of lectures have been given annually; one in the spring and another in the fall. The Transylvania Medical School rapidly attained a high degree of prosperity, the number of students averaging over two hundred annually, and the graduates varying from seven, in 1820, to eighty-three, in 1835.

The Medical College of Ohio was incorporated in 1819, located at Cincinnati, and has continued with a fair share of prosperity until the present time.

In the following year, the Medical School of Maine was established at Brunswick, in connection with Bowdoin College. The first course of lectures was delivered in 1821, to a class of twenty-one students, while in 1836 the number had increased to one hundred, and the number of graduates to twenty-seven. The medical school attached to Brown University, at Providence, Rhode Island, was established in 1821, but was discontinued after a few years. In the year

following, the Medical School of the University of Vermont was commenced at Burlington, but was also discontinued previous to 1840. The Berkshire Medical School was established at Pittsfield, Massachusetts, in 1823, and has continued its annual courses of lectures to classes varying from seventy-three to one hundred and seventeen, until the present time.

The next medical college established in the country was at Charleston, South Carolina, in 1824, called the "Medical College of South Carolina." This school appears to have been under the control of the medical society of the state, and enjoyed a fair share of public patronage until dissensions arose between the faculty and the governing body, which caused the former to resign their places in 1832. Their places were immediately filled, and the annual courses of instruction continued, but to a greatly reduced class, for several years. In the meantime, the professors who had resigned obtained from the state legislature, in 1833, a charter for another school in the same city, called the "Medical College of the state of South Carolina.." The first class attending the new college in the winter of 1833-4, numbered one hundred and three, and the school seems to have sustained a fair degree of prosperity up to the present period. During the year

1824, another school of medicine was also established in Philadelphia, called the "Jefferson Medical College." But the first course of lectures was given in the winter of 1825-6, to a class of one hundred and ten students. It has since acquired a degree of popularity, second only to that of the University of Pennsylvania, so long established in the same city.

In 1825, two other colleges were established, viz.—the Medical School of Columbian College, in the district of Columbia, and the Medical School of the University of Virginia, at Charlottesville. The organization of this latter school is somewhat peculiar. Its periods of instruction continue through ten months of each year, and all the branches are taught by three professors, in much the same manner as other sciences are taught in collegiate institutions. The number of medical students in attendance, in 1835-6, was sixty-three. The Washington Medical College was established at Baltimore, Maryland, in 1827, its degrees being conferred by Washington College, in Pennsylvania until 1833, when it obtained a regular charter from the legislature of Maryland. In 1834, the number of graduates was only ten, and in 1838-9, the whole number of students was fifty-three.

The next medical institution was the "Medical

College of Georgia," located at Augusta, and incorporated in 1830. The first course of lectures, however, was not given until the winter of 1832-3, when twenty-seven students were in attendance.

In 1834, the Willoughby University, at Willoughby, Ohio, was incorporated, and supplied with a medical faculty, who gave their first course of lectures in the winter of 1835-6 to a class of twenty-three students. It enjoyed a moderate degree of prosperity until the year 1847, when the medical department was transferred to Columbus, and reorganized under the name of the "Starling Medical College," in honor of Lyne Starling, who made the very liberal donation of thirty thousand dollars for the benefit of the institution, and five thousand dollars more for the establishment of an hospital.

During the year 1835, no less than four medical schools were added to the number already established in the Union, viz.—the Medical College of Louisiana, at New Orleans; the Medical Institution of Geneva College, at Geneva, New York; the Medical Department of Cincinnati College, at Cincinnati, Ohio; and the Vermont Medical School at Woodstock, Vermont. The Louisville Medical Institute, at Louisville, Kentucky, and the Medical Faculty of the University of the City of New York, were established in 1837, and the

Medical Department of Hampden Sidney College, at Richmond, Virginia, in 1838. In the following year, still two more were added, viz.—the Albany Medical College at Albany, New York, and the Medical Department of Pennsylvania College, at Philadelphia.

During the period intervening between 1840 and the present time (1850), no less than thirteen new medical colleges have been established, viz.—two at St. Louis, Missouri, called the University of Missouri, and the St. Louis University; one at Chicago, Illinois, called the Rush Medical College; one at Cleveland, Ohio, called the Western Reserve College; one in Indiana, called the Indiana Medical College, located at La Porte; two in Philadelphia, called the Philadelphia College of Medicine, and the Franklin Medical College; one at Buffalo, New York, called the Medical Department of the University of Buffalo; one at Memphis, Tennessee, called the Memphis Medical College; one at Evansville, and another at Indianapolis, in Indiana; one at Devanport, Iowa, called the College of Physicians and Surgeons of the Upper Mississippi; and one in Michigan, located at Ann Arbor, being a department of the University of that state.

Of the forty-three medical colleges which have thus been organized, we believe that seven have

been wholly discontinued, while others have merely changed their names or localities, leaving thirty-six now in active operation in the United States. Of these, seven are in the eastern or New England States, nine in the middle, seven in the southern, and thirteen in the western. It will be noticed that only six medical colleges were organized prior to 1810, five between 1810 and 1820, eight between 1820 and 1830, eleven between 1830 and 1840, and thirteen between 1840 and 1850. The number of students in attendance on the several colleges, at each period of ten years, may be stated as follows, together with the number of graduates, viz. :—

WHOLE NUMBER OF STUDENTS.	GRADUATES.
In 1810, - - 650	In 1810, - - 100
" 1820, - - 964	" 1820, - - 182
" 1830, - - 2125	" 1830, - - 597
" 1840, - - 2800	" 1840, - - 775
" 1850, - - 4500	" 1850, - - 1300

These numbers are not claimed as entirely accurate, owing to the difficulty of obtaining complete and reliable information on the subject ; but they are sufficiently so for all the purposes of comparison. They illustrate very clearly what we have already stated when detailing the organ-

ization of medical societies, viz., that the medical colleges were patronized just in proportion as the importance of the fundamental branches of medical science became better and more universally appreciated, through the medium of such societies. Thus, during the ten years following 1820, a period when the medical societies of most of the states were in their most active and influential state, the number of students attending the medical schools were more than doubled, and the number of graduates increased threefold. It is a fact also worthy of notice, that the number of graduates have been constantly increasing faster than the whole number of students. Thus, in 1810, the ratio of graduates to the whole number of students attending the schools, was 1 to 6, 5; in 1820, 1 to 5, 3; in 1830, 1 to 3, 6; in 1840, 1 to 3, 6; in 1850, 1 to 3, 4.

But this exceedingly rapid increase in the number of students who resort to the medical colleges, and the number taking degrees, by no means indicate an equally rapid increase in the whole number of those pursuing the study of medicine. For, it must be remembered, that medical examiners had been appointed in a large majority of the states in connection with their social organization; and, during the first quarter of the present century, a much larger number of students were

probably examined and admitted by these numerous boards of examiners than by the colleges. But a large majority of the states having made the college diploma a legal admission into the profession, with all its rights and privileges, it soon became the paramount object of the student's pursuit. This, together with the absence of all preliminary requisites in regard to general education, and the many facilities afforded by the rapid multiplication, and consequent competition of the colleges with each other, caused the licenses from local examining boards to be comparatively neglected. Thus, in 1820, only thirty-eight students received the degree of M.D. from the medical colleges of the state of New York, while three times that number were examined and licensed by the censors of the state and county societies. In 1830, the graduates from the medical colleges of the same state numbered fifty-six, those licensed by the censors of the state society, seventeen, and probably one hundred more by the numerous county boards. While, in 1846, the whole number of graduates in the state was two hundred and forty-six, the number licensed by the censors of the state society was only three, and those reported by the county societies, five. Although it is quite probable that a few were licensed by the county societies who were not reported to

the state society, yet the whole number for two or three years previous had not averaged ten annually. The effects of this rapid change were twofold. The local societies being gradually deprived of the funds derived from granting licenses, soon found their libraries neglected, and their regular meetings diminishing both in interest and in the numbers in attendance. This gave rise to a general feeling of indifference on the part of the profession, during the prevalence of which many local societies ceased to maintain an active existence ; and whatever laws for restraining quackery had been enacted by the legislatures of the several states, were, with very few exceptions, repealed. While, on the other hand, the great increase of patronage bestowed on the medical schools, literally begot a mania for college making. And this mania was rendered still more intense by the regulations almost universally adopted as requisites both for graduation and license. These gave no credit for any courses of instruction, however extensive and complete, except such as should be delivered in a regularly-established college. Hence, every professional man who became ambitious of distinction as a teacher, sought a professorship in some college as the only position in which that ambition could be gratified. And as there are always more such men than

there are places for them to fill, the constant and inevitable tendency is to the creation of more places. If the state legislature, to whom application is made for an act of incorporation, happens to be so stupid as not to perceive the necessity of establishing a new school, a bargain is soon struck with some literary college, already possessing the right to confer degrees, to furnish the necessary diplomas, and straightway a new medical college, with all the usual honors and privileges; springs into existence. To so great an extent has this spirit been carried, that scarcely a single year has passed since 1830, without witnessing the birth of one or more of these institutions. If the standard of preliminary education had been elevated, and the requisites for graduation increased in proportion to the multiplication of schools, no evils would have resulted to the profession or the community; but, there being practically no standard of preliminary education, and the professors, with only two or three exceptions, being the sole judges of the student's qualifications, the addition of every new college only served to increase the competition, and add to the facilities for obtaining diplomas. Indeed, to such an extent has this spirit and practice been carried, that any young man can obtain the once high and honorable title of M. D. for a less

expenditure of time and labor than it takes to obtain the primary literary title of A.B.

It is true that the professors in many of the colleges would gladly have stayed this tendency of things; but it was not in their power. Hence, with only two or three recent exceptions, eight months' attendance on a medical college—three years' study, including the eight months—twenty-one years of age—and a thesis on some medical subject, constitute, practically, all the qualifications required of the candidate for medical honors, previous to his examination.

If we contrast these with the qualifications required in other countries, or with those originally required by the founders of the old school in Philadelphia, we shall cease to be surprised either at the crowded state of the profession, or at the heterogenous mixture of all grades, characters, and degrees of attainment which it presents. The impossibility of any faculty of five or six professors doing anything like justice to the whole field of medical science in the short space of four months, to say nothing of the perfect absurdity of attempting to crowd an amount of material so vast and varied on the mind of the student in so short a space of time, early attracted the attention of many enlightened members of the profession, among whom were some of the ablest professors

connected with our schools. Hence, attempts were made from time to time to extend the courses of college instruction, and elevate the standard of medical attainments; but so rapid was the increase of new schools, and so active the rivalry, that every attempt to produce concert of action among the schools of even a limited number of states proved abortive. We believe the earliest of these efforts was made by the colleges of New England, some of whom, in good faith, carried into practice an agreement to extend their courses of instruction; but others, wholly neglecting the movement, soon induced all to return to the former limits.

In 1835, the faculty connected with the Medical College of Georgia called the attention of their professional brethren to the same subject; and, both by correspondence and through the columns of the *Southern Medical and Surgical Journal*, urged the propriety of a national convention of delegates from all the colleges, not only to agree upon a longer term of instruction, but also upon a higher standard of medical education. These efforts were favorably responded to by a large proportion of the colleges then existing, but the time and place for holding the convention was left to the medical faculty of the University of Pennsylvania, who, by declining to

take any action on the subject, effectually arrested the whole movement. Notwithstanding this failure, the able efforts of the Medical Faculty of the Georgia School were not wholly in vain; for they served, in no small degree, to arouse the attention of the profession generally to a subject of so much importance. Hence, articles in medical journals, and resolutions adopted by medical societies, touching the subject, continued occasionally to make their appearance.

The following preamble and resolution, offered by Dr. John M'Call, of Utica, were adopted by the Medical Society of the State of New York, at its annual session, in February, 1839, viz.—“Whereas, a National Medical Convention would advance, in the apprehension of this society, the cause of the medical profession throughout our land, in thus affording an interchange of views and sentiments on the most interesting of all subjects—that involving men's health, and the means of securing or recovering the same: therefore, *Resolved*, That, in our opinion, such convention is deemed advisable and important; and we would hence recommend that it be held in the year 1840, on the first Tuesday in May of that year, in the city of Philadelphia,—and that it consist of three delegates from each state medical society, and one from each regularly

constituted medical school in the United States, and that the president and secretary of this society be, and they are hereby instructed and required to transmit, as soon as may be, a circular to that effect to each state medical society and medical school in said United States."

This proposition was sanctioned by so many of the societies and colleges in other states, that the New York Society, at its next annual meeting, in February, 1840, appointed three delegates, one or two of whom proceeded to Philadelphia at the appointed time, where they met one delegate from Ohio, and one from one of the Eastern states. But, finding no others, not even a local delegation from any of the medical institutions of Philadelphia itself, they returned without accomplishing any of the objects for which they went. Medical education, however, continued to be a topic of discussion in the medical periodicals of the country, as well as the theme for many introductory and valedictory lectures in the colleges; and every succeeding year only served to make the defects and evils of the present system more prominent, and the necessity of some general and harmonious action on the subject, more apparent.

At the annual meeting of the New York State Society, in February, 1844, several resolutions, having for their object an elevation of the stand-

ard of medical education in that state, and the establishment of a more uniform and perfect system of examinations, were introduced; some by Dr. Alexander Thompson, of Cayuga county, and some by the author of this work. After a short discussion, the whole subject was referred to the Committee of Correspondence, with instructions to report at next annual meeting; and, in the meantime, to address circulars to the several county societies, asking their views on the same subject. Accordingly, at the next annual meeting of the society, two reports were made, one by myself, as chairman of the committee, zealously advocating reform, and a minority report, by Dr. M. H. Cash, of Orange county. The resolutions appended to these reports underwent a lengthy and animated discussion, during which it was admitted by all parties that the standard of medical education was too low, and that the number of tribunals authorized to examine and license candidates, or, in other words, the number of avenues into the profession, were too great and too diversified; while, on the other hand, it was urged with much force, especially by those directly interested in the medical schools of the state, that the standard in that state was as high as in any of the surrounding states; and, therefore, any measures for exacting of the candidates

for admission into the profession, higher qualifications, instead of accomplishing the objects desired, would only serve to drive students from their own institutions to those of other states, over which they could have no control. It was at the close of this debate, after the writer had been vainly striving to obviate the foregoing objection, that Professor March, of Albany, suggested to me that the difficulty might be overcome by getting the profession in all the states to act in concert. The suggestion was no sooner received than I rose and submitted the following preamble and resolutions, viz. :

“Whereas, it is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States ; and whereas, there is no mode of accomplishing so desirable an object, without concert of action on the part of the medical societies, colleges, and institutions of all the states, therefore,

“*Resolved*, That the New York State Medical Society earnestly recommend a National Convention of delegates from medical societies and colleges in the whole Union, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble.

“ *Resolved*, that a committee of three be appointed to carry the foregoing resolution into effect.”

This proposition was very generally regarded as entirely Utopian, and impossible of fulfillment; and in proof of its possessing this nature, all the former attempts to assemble a National Convention of medical men, and their entire failure, was alluded to by some of the oldest and ablest members of the society. Still, feeling some of the warmth excited by the previous debate, instead of yielding to discouragements of any kind, the ancient maxim, *perseverantia omnia vincit*, was adopted, and the society reminded that a project which was in itself good and highly important, should never be abandoned on account of one failure, or a dozen. Besides this, the dilemma into which many of the society had unconsciously fallen, viz.—that of contending during the preceding discussion, that no higher standard of medical attainment could be exacted in this (New York) state, because such standard was already as high as in any of the surrounding states, and now again contending that the only measure which could bring the profession in all the states to act in concert was Utopian and impracticable; from which the absurd conclusion would inevitably follow, that the cause of medical education must

remain indefinitely *in statu quo*, was urged with much effect.

After a short discussion, the preamble and resolutions were adopted by a large majority, and a committee, consisting of Prof. J. M'Naughton, and Dr. Peter Van Buren, of Albany, and myself, appointed to carry the measure into effect. An extended and laborious correspondence was immediately commenced by me, as chairman of the committee, and carried on with such success, that at the next annual meeting of the society, in February, 1846, the committee were enabled to report a pledge of delegates from a fair majority of the medical societies and colleges in the whole Union. Still, the societies and colleges in two of the most influential sections of the country, viz. —Philadelphia and Boston, stood entirely aloof from the movement, with the single exception of the Medical Department of Pennsylvania College, whose faculty gave it a liberal and earnest support. It appeared, from subsequent correspondence, that this want of co-operation on the part of the profession in those places, was not so much from a want of interest in the movement, as from a false conception, arising from the fact, that the Convention was requested to meet in the college edifice of the New York University. It was thought that this was calculated to attract the

attention of the profession to the medical schools of New York, and particularly to the New York University. Fortunately, at this period, Professor Martyn Paine, one of the able professors in that school, published a valedictory address to the graduating class of the university, in which he denounced, in no measured terms, not only the project of a convention, but also, all who were engaged in promoting it, including the New York State Medical Society generally, and the chairman of the committee in particular.

A perusal of this address, which was very extensively and gratuitously circulated through the country, soon satisfied all parties that the convention was not, at least, designed to promote the interests of the University of the city of New York. Hence, Professor R. M. Huston, president of the oldest medical society in Philadelphia, very soon convened the members of that society, which resulted in the appointment of twelve able and active delegates from that city. Thus, this address, the style and sentiments of which were directly calculated to prevent the attendance of delegates from other states, was made the immediate instrument of bringing in the full, active, and efficient co-operation of that important section of the Union; and when the first Tuesday in May, 1846, came, we were gratified with the

privilege of meeting in convention, in the city of New York, at least one hundred delegates, representing medical societies and colleges in sixteen states of the Union, viz. — Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, Georgia, Mississippi, Indiana, Illinois, and Tennessee.

The convention was permanently organized by the election of Professor J. Knight, of New Haven, President; Drs. John Bell, of Philadelphia, and Edward Delafield, of New York, Vice-Presidents; and Drs. Richard D. Arnold, of Savannah, and Alfred Stille, of Philadelphia, Secretaries. The general dignity and harmony, the spirit of forbearance and mutual concession, and the noble zeal for the accomplishment of the objects for which it had convened, which characterized the proceedings of this convention, was no less a disappointment to its enemies, than an honor to the profession. All the prominent topics connected with medical education were appropriately discussed, and referred to able committees, with instructions to consider and report in full at an adjourned meeting of the convention, to be held on the first Wednesday in May, 1847, in the city of Philadelphia.

In the mean time a committee, of whom Dr.

J. Knight, the president, was made chairman, was directed to issue an address to the profession, setting forth the objects of the friends of the convention, and inviting a more complete and universal representation at the adjourned meeting to be held in the following May at Philadelphia. This duty was satisfactorily performed, and a nobler spectacle was never presented by the medical profession of any age or country than was witnessed on the assembling of the adjourned convention in 1847. About two hundred and fifty delegates appeared and took their seats, representing more than forty medical societies, and twenty-eight colleges, embracing the medical institutions of twenty-two states, and those of the district of Columbia, viz., New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, South Carolina, Georgia, Mississippi, Louisiana, Missouri, Illinois, Indiana, Michigan, Ohio, Kentucky, and Tennessee.

This second convention was organized by the election of Dr. Jonathan Knight, president; Dr. Alexander H. Stevens, New York, Dr. George B. Wood, Pennsylvania, Dr. A. H. Buchanan, Tennessee, Dr. John Harrison, Louisiana, vice-presidents; and Dr. Richard D. Arnold, Georgia, Dr. Alfred Stille, Pennsylvania, Dr. F. Campbell

Stewart, New York, secretaries. All the committees appointed at the previous convention reported promptly, and their reports, with one exception, were adopted. The committee on a standard of preliminary education proper to be required of the student before commencing the study of medicine, of which Dr. J. Couper, of Newcastle, Delaware, was chairman, concluded their report with the following resolutions:—

“*Resolved*, That this convention earnestly recommend to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance, at least, with the Latin and Greek languages as will enable them to appreciate the technical language of medicine, and read and write prescriptions.”

“*Resolved*, That this convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to

give him a written certificate stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to pursue his studies."

"*Resolved*, That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education."

These resolutions were adopted by the convention with much unanimity; and they have since received the sanction and warm approval of almost every medical society whose members have been regularly convened since the adjournment of the former body. The following facts, taken from the report of this committee, will show the condition of the profession in this respect at the commencement of that year:—
"The committee have been favored with very full and explicit answers to their circular from thirty-nine gentlemen, representing twenty-one states of the Union. The replies which have been

received to the first three questions establish the fact, not only that there is no uniform standard of preparatory education exacted of medical students throughout the United States, but that there is no general rule adopted in any particular state or district, which has been authorized or recommended by medical societies or other official bodies, or established by common consent or custom. The whole subject is left to private preceptors, many of whom recommend, and a *few exact*, an elevated standard, while others leave it to the discretion of the students themselves, or their parents." Hence, the standard recommended by the committee, and adopted by the convention, although not all that we could desire, is perhaps as high as it would be judicious to insist on at the present time ; and from it we anticipate the happiest results.

The committee appointed to report on the subject of a uniform and elevated standard of requirements for the degree of M.D., of whom Dr. Haxall, of Richmond, Virginia, was chairman, also presented an able and interesting report, which closed with the following specific recommendations, viz. :—

"*Resolved*, 1st, That it be recommended to all the colleges to extend the period employed in lecturing from four to six months.

“2d, That no student shall become a candidate for the degree of M.D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures.

“3d, That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

“4th, That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M.D. or not.

“5th, That the several branches of medical education already named in this report (theory and practice of medicine, principles and practice of surgery, general and special anatomy, physiology and pathology, materia medica, therapeutics and pharmacy, midwifery and diseases of women and children, chemistry and medical jurisprudence) be taught in all the colleges, and that the number of professors be increased to seven.

“6th, That it is required of candidates that they shall have *steadily* devoted three months to dissections.

“7th, That it is incumbent upon preceptors to avail themselves of every opportunity to impart

clinical instruction to their pupils, and upon medical colleges to require candidates for graduation to show that they have attended on hospital practice for one session, whenever it can be accomplished, for the advancement of the same end.

“8th, That it be suggested to the faculties of the various medical institutions of the country to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures.

“9th, That it is incumbent on all schools and colleges granting diplomas, fully to carry out the above requisitions.

“10th, That it be considered the duty of preceptors to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.”

After some discussion, during which considerable opposition was manifested to the clause extending the term of lecturing in the colleges to six months, all these requisitions were adopted by a large majority. How far they will be complied with on the part of the schools remains to be seen. It is worthy of remark, however, that the movement has received the full sanction of two of the oldest and most influential schools in the country, viz., the University of Pennsylvania, and the College of Physicians and Surgeons in New

York. Both these colleges have added more than one month to their *regular* term, besides a preliminary course, extending the whole beyond the six months required by the convention. The influence of the recommendation is still farther perceptible in the fact, that most of the colleges which have not extended their *regular* term, have at least added a preliminary course of one month, and several of them an additional professorship; and there is no doubt but a steady adherence, on the part of the American Medical Association, to the standard adopted by the convention, will speedily insure its entire practical adoption by the schools. Indeed, we are satisfied that a very large majority of the colleges would have yielded to so reasonable and necessary a measure as the extension of the regular college term to six months at once, if each had not feared that its neighbours and rivals would not. And this again strongly illustrates the importance of a national organization, in procuring connected and efficient action on subjects affecting the interests of the whole profession. Another important resolution adopted by the first convention was as follows, viz.:—

“*Resolved*, That it is expedient that the medical profession in the United States should be governed by the same medical ethics, and that a

committee of seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday of May, 1847."

The committee appointed under this resolution consisted of Drs. John Bell, Isaac Hays, and G. Emerson of Philadelphia; Dr. W. W. Morris, of Delaware; T. C. Dunn, of Rhode Island; A. Clark, of New York; and R. D. Arnold, of Georgia. At the ensuing convention in Philadelphia Dr. Bell, chairman of the committee, made an able report, which was unanimously adopted by the convention. This report, from its intrinsic importance, its general adoption by the profession, and the consequent index which it presents of the present tone of moral feeling among medical men, would legitimately constitute a part of our history. But its length is such that we must be content with a few extracts, which will indicate the character of the whole:—

"Medical ethics." says the introduction to the code, "as a branch of general ethics, must rest on the basis of morality and religion. They comprise not only the duties, but also the rights of a physician, and, in this sense, they are identical with medical deontology—a term introduced by a late writer, who has taken the most comprehensive view of the subject."

Again, in speaking of the duties of the physi-

cian to his patients, the committee says—"a physician should not only be ever ready to obey the calls of the sick, but his mind ought, also, to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office, reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect, and confidence."

And, again, "there is no profession, from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence is a duty every physician owes, alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent

upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life, of a fellow creature."

The same liberal and enlightened sentiments pervade the whole report, and its general adoption bespeaks a commendable tone of moral feeling throughout the profession. Able reports were also made to the Philadelphia Convention on the subject of "a Registration of the Births, Marriages, and Deaths occurring in the populations of the several States," and on "a Nomenclature of Diseases adapted to the United States, having reference to a general registration of deaths." These reports, together with the nomenclature recommended by the committee, and adopted by the convention, may be found in the published "Proceedings of the National Medical Conventions, held in May 1846, and 1847."

At the convention in New York, the following resolution was presented, and, after some discussion, was referred to a committee of seven, with instructions to report at the next convention in Philadelphia :—" *Resolved*, That the union of the

business of teaching and licensing in the same hands, is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and state and county medical societies, it should be restricted to one board in each state, composed in fair proportion of representatives from its medical colleges, and the profession at large, and the pay for whose services, as examiners, should, in no degree, depend on the number licensed by them." The committee consisted of Drs. James M'Naughton, of Albany, N.Y.; J. R. Manly, and J. W. Francis, N.Y.; Isaac Parrish, Philadelphia; R. Blake-man, Fairfield, Conn.; J. Cullen, Richmond, Virginia; and Thomas Cock, N.Y.

At the succeeding convention in Philadelphia, two reports were presented from this committee, a minority report by Dr. M'Naughton, the chairman, which, though in its general tenor opposed to the sentiments contained in the resolution, yet yielded something, as will be seen by the following resolutions appended to the report, viz.:—
“*Resolved*, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the colleges—namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess

the requisite amount of knowledge to entitle them to such distinction, it is deemed expedient by this convention, in order to satisfy the just wishes of the profession, and to remove just grounds of complaint, that such colleges as do not already possess mixed boards of examiners, should consent to have associated with them, in the examination for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.

“Resolved, That the number of boards for granting licenses in the several states, should be as limited as would comport with the convenience of examiners and candidates in each state.”

This report was signed by only two members of the committee. The majority report was made by Dr. Isaac Parrish, and signed also by Drs. J. R. Manly, Thomas Cock, and J. W. Francis. It presents, in clear and forcible language, not only the liability to, but the actual existence of, abuses in the granting of diplomas, and the right of the profession to apply some appropriate remedy. Without, however, specifying in what an appropriate remedy would consist, the report concludes with the following preamble and resolution, viz. :—“Whereas, a general sentiment prevails in the medical profession, that the active competition existing among the medical colleges

of the Union, has a tendency to lower the standard of professional requirement, and to depreciate the value of the degree ;

“ And, whereas, the facility with which charters for medical corporations are obtained from our state governments, exposes the medical profession to the continuance and increase of such abuses, inasmuch as these corporations possess alike the power of granting the license to practice ; therefore,

“ *Resolved*, That in the opinion of this convention, some additional checks to the exercise of this right should be established by the great body of the medical profession..”

This whole subject was finally disposed of, by adopting the following resolution, viz. :—“ *Resolved*, That in view of the necessity hereby declared for reform, in the manner of conferring degrees, the two reports submitted by the committee, on the separation of teaching and licensing, be published and referred to the committee on medical education, with instructions to report at the next annual meeting of the American Medical Association.”

But, perhaps, the most important part of the proceedings of this convention remain to be referred to—namely, the formation of a permanent national association. Among the resolutions

adopted by the first convention, were the following, viz.:—" *Resolved*, That it is expedient for the medical profession of the United States, to institute a national medical association for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

" *Resolved*, That a committee of seven be appointed to report a plan of organization for such an association, at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847."

The committee appointed in accordance with this last resolution, consisted of Drs. John Watson, John Stearns, F. Campbell Stewart, New York ; A. Stille, Philadelphia ; N. S. Davis, Binghamton, N.Y. ; W. H. Cogswell, New London, Connecticut ; E. D. Fremer, New Orleans.

At the second convention, the chairman of the committee, Dr. J. Watson, presented the following report, which was adopted, and signed by nearly all the members of the convention:—" Whereas, The medical convention, held in the city of New York, in May, 1846, have declared it expedient 'for the medical profession of the United States to institute a national medical association ;' and, inasmuch as an institution so conducted as to give frequent, united, and emphatic

expression to the views and aims of the medical profession in this country, must, at all times, have a beneficial influence, and supply more efficient means than have hitherto been made available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the medical profession, for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those engaged in it; therefore, be it resolved, in behalf of the medical profession of the United States, that the members of the medical convention held in Philadelphia, in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a national medical association, and that for the organization and management of the same, they adopt the following regulations:—

“ I. TITLE OF THE ASSOCIATION.—This institution shall be known and distinguished by the name and title of ‘ the American Medical Association.’ ”

“ II. MEMBERS.—The members of this institution shall collectively represent, and have cognizance of, the common interests of the medical pro-

fession in every part of the United States, and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members. The delegates shall receive their appointment from permanently organized medical institutions of good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association. Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing one hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

“*The Members by Invitation* shall consist of practitioners of respectable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their

appointment by invitation of the meeting, after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the association until the close of the annual session at which they are received, and shall be entitled to participate in all its affairs, as in the case of delegates.

“ *The Permanent Members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote. Permanent members “ shall, at all times, be entitled to attend the meetings, and participate in the affairs of the association, so long as they shall continue to conform to its regulations, but without the right of voting ; and, when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings as provided for the members by invitation. Every member elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment.

“III. MEETINGS.—The regular meetings of the association shall be held annually, and commence on the first Tuesday in May. The place of meeting shall never be the same for any two years in succession, and shall be determined for each next succeeding year by vote of the association.

“IV. OFFICERS.—The officers of the association shall be a president, four vice-presidents, two secretaries, and a treasurer. They shall be nominated by a special committee of one member from each state represented at the meeting, and shall be elected by vote on a general ticket. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

“*The President* shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require.

“*The Vice-Presidents*, when called upon, shall assist the president in the performance of his duties, and, during the absence, or at the request of the president, one of them shall officiate in his place.

“*The Secretaries* shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing meeting, and serve as members of the committee on publi-

cation. The secretary first in nomination shall also preserve the archives and unpublished transactions of the association.

“ *The Treasurer* shall have the immediate charge and management of the funds and property of the association. He shall be a member of the committee on publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust; and through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

“ V. STANDING COMMITTEES.—The following standing committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the association not otherwise assigned—namely, a committee on arrangements, a committee on medical sciences, a committee on practical medicine, a committee on surgery, a committee on obstetrics, a committee on medical education, a committee on medical literature, and a committee on publication.

“ *The Committee on Arrangements* shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the association is to hold its next annual meeting, and

shall be required to provide suitable accommodations for the meeting, to verify and report on the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the association, or by others through them, and to determine the order in which such papers shall be read and considered.

“ *The Committee on Medical Sciences* shall prepare an annual report on the progress of medical sciences in America, noticing, as occasion may require, the important improvements and discoveries in anatomy, physiology, hygiene, general pathology and therapeutics, medical jurisprudence, materia medica, and other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, during the year of their service.

“ *The Committee on Practical Medicine* shall prepare an annual report on the more important improvements effected in this country, in the management of individual diseases, and on the progress of epidemics, referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.

“ *The Committee on Surgery* shall prepare an

annual report on all the important improvements in the management of surgical diseases effected in America during the year.

“ *The Committee on Obstetrics* shall prepare an annual report on all the improvements in the obstetric art, and in the management of diseases peculiar to women and children, effected in America during the year.

“ *The Committee on Medical Education* shall prepare an annual report on the general condition of medical education in the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at the several medical institutions in the United States, during the year; noticing, also, the requirements of the United States army and navy boards of medical examiners, the legal requirements exacted of medical practitioners in our several states, and all such measures, prospective or established, in reference to medical education and the reputable standing of the profession, as may be deemed worthy of special consideration.

The Committee on Medical Literature shall prepare an annual report on the general character

of the periodical medical publications of the United States, in reference to the more important articles therein presented to the profession, on original medical publications, on medical compilations and compends of American writers, on American reprints of foreign works, and on all such measures as may be deemed advisable for encouraging and maintaining a national literature of our own.

“*The Committee on Publication*, of which the secretaries and treasurer must constitute a part, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions, and memoirs of the association, as may be ordered to be published.

“The six members of the committee who have not the immediate management of the funds, shall, also, in their own names, as agents of the association, hold the bond of the treasurer for the faithful execution of his office, and shall annually audit and authenticate his accounts, and present a statement of the same in the annual report of the committee, which report shall also specify the character and cost of the publications of the association during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the assessment to be laid on each member of

the association, for covering its annual expenditure.

“VI. FUNDS AND APPROPRIATIONS.—Funds shall be raised by the association for meeting its current expenses and awards from year to year; but never with a view of creating a permanent income from investments. Funds may be obtained by an equal assessment of not more than three dollars annually on each of the members, by individual voluntary contributions for specific objects, and by the sale and disposal of publications, or of works prepared for publication. The funds may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transactions of the association; for enabling the standing committees to fulfill their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigations, by prizes and awards of merit; and for defraying the expenses incidental to specific investigations, under the instructions of the association, where such investigations have been accompanied with an order on the treasurer to supply the funds necessary for carrying them into effect.

“VII. PROVISION FOR AMENDMENTS.—No amend-

ments or alterations shall be made in any of these articles except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed; and then only by the voice of three-fourths of all the members in attendance. And in acknowledgment of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavours to carry into effect the objects of this association as above set forth, we have hereunto affixed our names."

Such is the plan of organization adopted, and finally carried into effect on the 7th of May, 1847, by the election of the following officers, viz.:—Dr. Nathaniel Chapman, of Pennsylvania, president; Drs. Jonathan Knight, Connecticut, Alex. H. Stevens, New York, James Moultrie, South Carolina, A. H. Buchanan, Tennessee, vice-presidents; Drs. Alfred Stille, Philadelphia, J. R. W. Dunbar, Baltimore, secretaries; and Dr. Isaac Hays, Philadelphia, treasurer.

The several committees required by the constitution were also appointed, and, in addition, a committee of one from each state represented in the association to report, in obedience to the following resolution, which I had the honor to present to the association, viz.:—*Resolved*, That

a committee of one from each state represented in this convention be appointed by the president, whose duty it shall be to investigate the *indigenous medical botany* of our country, paying particular attention to such plants as are now, or may be hereafter during the term of their service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country; and report the same in writing, giving not only the botanical and medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association." On a motion made by Dr. John B. Johnson, of Missouri, the committee on medical education were instructed to "inquire into the expediency of establishing a school or schools of pharmacy in the respective states, for the special purpose of preparing persons for the business of apothecaries; and also the expediency of adopting a rule that no physician ought to patronize a druggist or apothecary who deals in patent and secret medicines; and report at the next annual meeting of the association." The reader will now see, from the foregoing liberal extracts from the proceedings of the two conventions, that we, not only have an *American Medical Association*, truly *national* in its character, embracing, as it does, every interest fairly within the

profession, organized on a sound and liberal basis, but also that such association has entered upon the work of cultivating medical science, fostering our own medical literature, and elevating the medical character, with a unanimity and zeal honorable alike to its founders and to the whole profession of our country. For proof of this, we need only refer to its annual volume of transactions, embodying a series of reports, and papers of great interest and value,—reports and papers, indeed, which should be in the hands of every physician throughout the country. The annual meetings of the association have steadily increased both in interest and in the number of delegates in attendance. The interest developed by the organization and successful carrying on of the American Medical Association, has extended itself until it involves the profession of the whole Union; and, besides the results already detailed, it has led to the re-animation and activity of old societies and associations—to the formation of new ones where none existed before—to a more free and liberal intercourse among medical men—and to a more lively and universal sense of the high aims, interests, and responsibilities of the profession.

Hence, notwithstanding the abolishment of all laws regulating the practice of medicine in so

large a number of states, and the consequent absence of all legal protection, the profession was, probably, never making more rapid advancement in its education, its science and literature, and its social position, than at the present time. Yet, as we shall see in the subsequent chapter, much remains to be done. In the two preceding chapters, we have given a brief account of the medical works published, and of the improvements made during each period; but even a simple enumeration of these, during the last forty years, would extend the limits of this work too far, and contribute but little to its main design.

Yet the charge has been so often made, that the profession in this country is not only destitute of a literature of its own, but its records also unadorned by any important discoveries in the various departments of our science, that we cannot conclude the historical part of this work without devoting a brief space to this interesting topic. I have already alluded in the preceding chapters to such important improvements as were made previous to 1806, and hence we need not refer to the records anterior to that period. So early as 1809, a period several years anterior to that which ushered in the brilliant discoveries of Sir Charles Bell, in relation to the cerebro-spinal nerves, Dr. James H. Miller, of Baltimore, commenced a

series of experiments and observations on the structure and functions of the great sympathetic or organic system of nerves, from which he was soon enabled to deduce those conclusions which have been since generally received by physiologists, and for a detailed account of which the reader is referred to Miller's edition of Wilson Philip, or to an Essay on Discoveries in the Physiology of the Nervous System, in Transactions of the Medical Society of the State of New York, vol. 5th, page 21. These important developments in relation to that portion of the nervous system were publicly taught by Dr. Miller in the Washington Medical College, in 1827, two or three years previous to the publication of M. Brachet's views on the same subject. If we add to the discoveries of Dr. Miller the experiments of Dr. Henry H. Smith, of Philadelphia, in reference to the extent of the respiratory tract in the medulla spinalis, and the patient and intensely interesting researches of Dr. S. G. Morton, as embodied in his work entitled *Crania Americana*, and the still more recent investigations of Dr. B. Dowler, of New Orleans, we shall have claimed for our countrymen the merit of originality in developing an important share of our present knowledge concerning the physiology of the whole nervous structure. If we add to these

the highly valuable experiments of Dr. Beaumont on digestion—the experiments of Dr. J. K. Mitchell, of Philadelphia, on the absorption of liquids and the transmissibility of gases through animal tissues—those of Dr. R. E. Rogers, proving so conclusively the existence of carbonic acid in venous blood, and the facility with which it penetrates through animal tissues whenever another gas is brought in contact with the opposite side of the same tissue, and thus placing at rest the long-disputed question, whether the carbonic acid thrown off in respiration is formed by the union of carbon and oxygen in the lungs, or is brought to the lungs ready formed in the venous blood—and those of several other original investigators of scarcely less importance, we shall readily perceive that our countrymen can no longer be justly reproached with having made no positive additions to the general stock of knowledge on the subject of physiology.

Again, if we look over the resources of the *materia medica*, we shall find many additions to the common stock of the very first importance, and associated therewith a list of names whose lustre is scarcely exceeded by those of any other country. Among the latter may be named the Bartons, Bigelow, Woods, Eberle, Chapin, Griffith, Gray, Torry, etc., etc.; while belonging

to the former are the *Sanguinaria Canadensis*, *Cimicifuga Racemosa*, *Rumex Obtusifolium*, *Geranium Maculatum*, *Erigerons*, *Trilliums*, *Prunus Virginiana* or *Cerasus*, *Cornus Florida*, *Lobelia Inflata*, *Lactucarium*, *Spigelia Marylandica*, *Gillenla Trifolia*, *Juglans Cinerea*, *Podophyllum Peltatum*, *Secale Cornutum*, and many others. Here we have Vegetable Alteratives, Astringents, Tonics, and Febrifuges; Anodynes and Anthelmintics; Emetics and Cathartics; of equal value with any foreign articles belonging to the same classes. And if we add to these, the recent brilliant application of ether to the prevention of pain during surgical operations, we shall see, at a glance, that the profession of no country have made, during the same length of time, more numerous or valuable additions to our resources for combating disease and alleviating pain, than that of our own. And if we turn from these to therapeutics and operative surgery, we shall find our national credit still better sustained. For though we can boast of the invention of no great hypotheses or systems, which, like the Brunonian, Cullenian, or Broussaian, have swayed the minds of a large portion of the medical world, we can claim what is far more important to the interests of science, viz., a great accumulation of facts bearing on almost every question connected

with medical and surgical pathology and practice.

The medical literature of no country, furnishes the materials for settling more satisfactorily, the endemic or non-contagious character of yellow fever, as well as all the forms of bilious remittents and intermittents, while the labors of Drs. Gerhard, Pennock, Stewardson, James Jackson, and Hale, afford some of the best contributions extant, concerning the pathology, anatomical lesions, and treatment of the two great forms of continued fever. One of the earliest, and, therefore, most important diagnostic signs of pulmonary tubercles, viz., the *prolonged bronchial expiration*, was first pointed out by the late and accomplished Dr. James Jackson, Jr., while our knowledge of other forms of pulmonary disease has been much improved by the investigations of Drs. Morton, Gerhard, Clark, Camman, Bowditch, and others.

In practical surgery, the important operations first devised and performed by American surgeons are, the application of anaplasty to the relief of cicatrices and deformities produced by burns, by Dr. Mutter; the formation of an artificial penis, by Dr. Mettauer, of Virginia; and still other improvements in the same department by Drs. Mott, J. K. Rogers, A. C. Post, of New York; and J. M. Warren, of Boston; the exsection of the lower

jaw for osteo-sarcoma, by Dr. Mott; tying the right subclavian artery without the scaleni muscles, by Dr. Wright Post; tying the left subclavian within the scaleni muscles, by Dr. J. K. Rogers; tying of the arteria innominata, and primitive illiac, by Dr. V. Mott; division of the masseter muscle for immobility of the lower jaw, by Dr. J. M. Carnochan; the formation of artificial joints by excision of a portion of bone, by J. Rhea Barton; exsection of the knee joint to remove deformity occasioned by ankylosis, by Dr. G. Buck; the effectual separation of web fingers and toes, by Dr. J. K. Rogers; tying of both corotids within a few days of each other, by Dr. R. D. Mussey, of Cincinnati; the introduction of setons for the cure of artificial joints, by Dr. P. S. Physick; the cure of aneurism by anastomosis, by the application of hot needles, by Dr. G. S. Patterson; successful operation for the removal of intorsusception, by J. R. Wilson, of Mississippi; and many others, by such men as A. H. Stevens, Physick, Dorsy, Parrish, Pancoast, White, etc., etc.

The profession in no country is, probably, more purely eclectic in its character than our own. Deprived, in a great measure, of the accumulated wealth of many of the countries on the other side of the Atlantic, but few members of the profession

here find time and means to devote their lives to experimental inquiries ; and hence we have none who can fairly be compared to a Bell, a Majendie, etc. But owing to the rapid re-publication of books, and the numerous medical periodicals in our country, the profession is readily supplied with the valuable investigations occurring in Europe, whether written in English, French, or German ; and those investigations are as readily and thoroughly sifted for whatever they may contain susceptible of practical application. We have now finished the strictly historical part of our task, and shall proceed, in a supplementary chapter, to enter more fully into the [present condition and wants of the profession, and the proper means for supplying those wants.

CHAPTER IV.

THE PRESENT CONDITION AND WANTS OF THE PROFESSION, AND THE REMEDIES FOR THOSE WANTS.

There are, probably, between thirty and forty thousand practitioners of medicine in the United States, claiming to belong to the regular profession. Of those residing in the eastern and middle states, far the larger portion have regularly studied three years, attended two courses of lectures, and obtained a diploma from some medical college. According to a report made by a committee, and found in the annual volume of Transactions of the American Medical Association for 1848, it appears that of nine hundred and seventy-two physicians practicing in seventy-five towns and counties of Virginia, taken promiscuously from all sections of the state, only six hundred and seventy-eight were graduates of any medical school, or possessed any form of license to practice. Of the remaining two hundred and forty-

nine, one had attended two courses of lectures, ten had attended one course, leaving two hundred and thirty-eight, or one fourth of the whole number, without having attended any medical lectures, or pursued any systematic course of medical study.

This may, doubtless, be taken as a fair sample of the state of the profession, in this particular, throughout the southern states. (In most of the western states, I am satisfied, both from inquiries and personal observation, that scarcely one-half of the whole number of practitioners have ever been examined or licensed, either by colleges or societies, and very many of them have never attended a lecture in any medical institution.) While, as I have already shown, the legislatures of most of the states have freely granted charters for medical colleges, and passed acts incorporating medical societies, scarcely one of them present, now, any practical provisions for protecting the health and lives of the citizens from the grossest and most fatal impositions, both from within and without the regular profession; hence, every species of medical delusion and imposition is allowed to spring up and grow without any legal restraint. The public press, that engine all powerful alike for good or evil, lends itself freely as the hired vehicle, for heralding every variety of

pretended medicinal compound or nostrum, that the ingenuity of man can invent. Indeed, without this aid of the public press, and the patronage of the patent department of our government, neither the various forms of quackery, nor the gigantic system of nostrum vending, which annually take millions of dollars from the credulous and unsuspecting, would ever find access to popular favor. In this matter, the conductors of the political, literary, and even religious press, are unconsciously bearing a responsibility of tremendous weight—we say, unconsciously, for surely we cannot suppose that this large class of enlightened men are aware of the nature or extent of the evils of which they are the chief supporters. Did they know what a little serious investigation would soon teach them, viz., the greediness with which persons, laboring under chronic or imaginary ailments, catch at the confident, alluring, and certain promises of relief, held out in the medical advertisements of every newspaper that reaches their fireside, and the consequent millions of money which they are thereby induced to pay for what is to them of no value whatever, and what, in reality is, in nine hundred and ninety-nine cases out of every thousand, a simple mixture of the common drugs, known and used by the medical faculty for ten centuries, we are sure they would cease to lend

themselves, as paid instruments, for carrying on such a wholesale system of *swindling*. I am not now speaking at random, or in the exaggerated terms of prejudice, for I have taken the trouble to examine this subject with some degree of care, and I find that, estimating the pay for each medical advertisement, in our daily and weekly journals, at the moderate sum of five dollars per annum, it would amount to more than one hundred thousand dollars ; and if we allow this sum paid for advertising to constitute one-tenth of the entire proceeds of the sale of such medicines, we shall have the enormous sum of one million dollars annually taken from the pockets of the people, not only without an equivalent, but for what is worse, a positive injury to their health and happiness.

Our legislators, in their wisdom, have enacted just and severe laws against frauds, and the obtaining of goods or money by *false pretenses*. Hence, if a man goes to a merchant and, by false representations, obtains from him fifty dollars worth of goods on credit, he may be indicted, disgraced, and punished. But the publisher of a newspaper may daily send to the fireside of the invalid, the most bold and reckless statements in regard to certain pretended remedies, and thereby induce him, not only to spend fifty dollars in

money, but perhaps, also to trifle away the only time that, if rightly improved, would save him from a premature death, and, instead of being punished for the fraud, he coolly pockets his fee, and calls it a fair business transaction. But I would seriously ask these men, whether it is the greater crime to defraud the man of business in health, with his eyes open, or the poor invalid, enfeebled in body and mind, and predisposed to catch at every alluring promise that designing men may make. In our view, the latter is as much more criminal than the former as health is more valuable than money. Indeed, I think it high time that both statesmen and publishers should bestow a little serious attention on this subject.

Of the thirty-six or thirty-seven medical colleges now in active operation in our country, only sixteen are so located as to afford those in attendance on them, as students, any opportunity for witnessing hospital or bedside instruction, five continue their regular courses of lectures less than sixteen weeks; twenty-six continue from sixteen to eighteen weeks; two have extended their courses, in compliance with the advice of the National Convention of 1847, and which has been reiterated by every meeting of the American Medical Association since, to little more than five

months. These are the University of Pennsylvania and the College of Physicians and Surgeons of the state of New York. The newly organized medical department of the University of Michigan is to continue its regular term seven months, and that of the University of Virginia extends to ten, as already stated in the preceding chapter. The requisitions for graduation are pretty uniformly the same in all, viz., the attainment of twenty-one years of age, the presentation of certificates of good moral character, of having studied medicine three years, of having attended two full courses of lectures in some regularly incorporated medical college, and a written thesis on some medical subject. We have at present no less than eighteen medical periodicals, of which three are published quarterly, five bi-monthly, eight monthly, and two weekly. A large majority of them are under the editorial charge of those connected as professors with medical schools; and though most of them are conducted with an ability and zeal that would do honor to the profession in any country, yet they necessarily represent the sentiments of the several colleges, rather than those of the great body of the profession. The social organization of the profession in most of the states is exceedingly imperfect. In some, there is a simple state society, embracing a few of the leading practi-

tioners in the state; while others have both state and district or county societies, embracing nominally nearly all the regular members of the profession. But I doubt whether there is a single state in the Union in which one half of the practitioners are in the habit of meeting their brethren in a social capacity an average of once a-year; although in this respect a great improvement has taken place since the meeting of the first National Medical Convention, in 1846.

But without entering more fully into detail in regard to the present condition of the profession, its *wants* may be summed up as follows, viz.:—

1st. The adoption of some plan which shall insure the practical enforcement of the standard of preliminary education agreed upon in the National Convention of 1847.

2d. The adoption of a more extended system of medical instruction, both public and private, and also such a system of examinations as will actually test the qualifications of the candidate.

3d. The accomplishment of a more complete and thorough organization of the profession, on such a plan as to embrace in the local societies every regular and scientific practitioner, and to provide each state with a board of examiners, before whom every candidate for admission into the profession should be examined, whether pos-

sessed of a college degree or not. and, if found qualified, he should receive a certificate or diploma, admitting him both into the profession and to membership in the state society.

4th. We want a fund, other than that derived from the voluntary contribution of members, which shall be devoted exclusively to the support of the professional organization of each state, and the direct promotion of original investigation in the various branches of medical science.

5th. We want to adopt such a system of college organization and rate of lecture fees, as will induce a far larger proportion of those who practice medicine, to first qualify themselves thoroughly for the responsible duties they assume to perform.

To most of these propositions, every enlightened member of the profession will readily yield his assent. But then comes the all-important question—How are these wants to be supplied? or, in the language of Professor Jackson, “What remedies can reach them?” In regard to the first proposition, we have already seen in the historical part of this work, that the initiatory step for its accomplishment has been taken. The late National Convention, assembled in Philadelphia, proclaimed a standard of preliminary education, and earnestly recommended its adoption by the

whole profession ; and we are happy to see that the recommendation is being cordially seconded by state and local societies in almost every section of the country. This standard makes it necessary that every applicant for admission into the office of a physician, as a student of medicine, shall satisfy such physician that he has “acquired a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra ; and such an acquaintance, at least, with the Latin and Greek languages, as will enable him to appreciate the technical language of medicine, and read and write prescriptions.”

If we take a glance at the vast field of medical science, and reflect on the discipline of mind which ought to be brought to the task of its successful acquirement ; and also, on the important collateral bearing that almost every other branch of science has on it, we shall readily see that the standard recommended is defective and inadequate. Still, it is a great and important advance from no standard at all ; and is perhaps as high as it would be wise to demand at this time. But we hope the day is not far distant when it will be made to include every branch of natural science, and the French and German languages ; and we also hope that some more efficient measures will

be speedily adopted for carrying into practical operation the standard already recommended. It is true that many of the medical societies have adopted resolutions, making it the duty of every member to receive no student who does not first satisfy him, either by personal examination or written certificates from competent persons, that he has complied with the above requisitions. This however, is, leaving the matter altogether too much exposed to the influence of personal friendship, individual partiality, and other interested motives. The only way that any standard of preliminary education can be effectually carried out in practice is, by establishing, in connection with every regularly organized medical society, a board of censors for preliminary examination, whose duty it shall be to examine every applicant for admission into the office of any member of such society; and no applicant should be received without the certificate of such board, signed by a majority of its members. This would certainly be placing no unnecessary burthen on the student; for there would be more propriety, and far more justice too, in rejecting an unprepared applicant at the outset, than in permitting him to spend three years' time and some hundreds of dollars, and then either rejecting him, or imposing him a curse on the community, and a

disgrace to the profession. Indeed, it is surprising that this initiatory entrance, this outer gate of the profession, has been so long left wide open, and entirely unguarded; for it not only operates injuriously to the honor of the profession and the interests of the community, but it works still more injuriously on the individuals concerned.

For members of the profession to receive young men into their offices, who are totally unprepared by previous mental discipline, by literary and scientific acquirements, or by good moral character, to enter successfully upon the extensive, laborious, and difficult branches of medical science, is, indeed, the height of injustice. If they are finally rejected, they have spent that time and money for nought, which, if otherwise applied, might have placed them in a prosperous and respectable position in society; and, if admitted, they suffer a still greater wrong—they are thereby ushered into a profession, whose honor they are incapable of maintaining; they are called to act in a sphere for which they are unqualified; in a word, they are placed in a false position in society—and that I deem the worst of all positions. Hence, the admission of unqualified members into the medical profession, whether as students or practitioners, is an act of threefold injustice, — that is, unjust to the individual

admitted, to the whole profession, and to the community at large. I dwell with greater emphasis on this subject of preliminary education, not only because here has been one of the greatest defects in our past system, but I am satisfied that here must be laid the foundation of all real reform or improvement. I am well aware of the objections that have been a thousand times urged, viz.—that by adopting such a standard, and rigorously adhering to it, we should hinder many young men, of strong minds and noble ambition, but with little pecuniary means, from entering our ranks; while from this class have hitherto arisen many of the brightest ornaments of the profession.

While I freely admit the truth of the last paragraph, we wholly deny that of the first; and for the correctness of my views, I ask no better evidence than is afforded by the very cases usually adduced for the opposite purpose, viz.—those who have risen from the lowest pecuniary circumstances, and the most limited educational advantages, to the highest rank in the medical world; for no man can rise from an attentive perusal of the lives and characters of these men without being satisfied first, that their mental energy was equal to the accomplishment of any reasonable requisitions; and second, that they

were obliged to acquire, after their admission, just what should have been done before, and thereby suffered innumerable embarrassments, some of which seriously impaired their usefulness through life. No; it is not the strong minded and nobly ambitious son of the poor man who is discouraged by ordinary obstacles, or stopped because of any just requirements; for upon his banner is ever inscribed, in indelible characters, *nil desperandum, perseverantia omnia vincit*; and, if need be, he can roast his own potatoes, and subsist on twenty-five cents per week, rather than relinquish his objects. But it is the vacillating, the imbecile, and those who have been cradled in the lap of luxury, who faint at obstacles, or continually cry out, in the language of the good book, for “a little more slumber, a little more folding of the hands to sleep;” who spend half their lecture terms in eating houses and places of amusement; or who leave the college when only three of the four short months have passed away. Indeed, the young man who has not sufficient industry and energy of character to qualify himself for entrance upon medical studies, when such qualifications are fairly pointed out to him, is not calculated either to honor the profession or do justice to the community,—and hence the more effectually he is stopped at the

threshold, at the first initiatory step, the better it is for all parties.

The propriety of the second proposition is no less manifest than the first. That the true relations of preceptor and pupil are greatly neglected; that the duties of the former are too often made to consist in simply furnishing a slovenly office and a musty library; and those of the latter, in reading a limited series of text-books, without order or method, and often without a question once a-month, is a humiliating truth. And if the recent National Conventions, and the American Medical Association, which has grown out of them, should do no more than to establish in practice a liberal standard of preliminary education, and a proper system of private instruction and pupilage, it would be a blessing to mankind of sufficient magnitude to enroll the names of their authors among the benefactors of our race.

The truth is, that no man should admit a student into his office, unless he is willing and able to devote, at least, an hour per day for two days in each week, to systematic examinations of such student, accompanied by familiar illustrations and experiments, in whatever branches he may be pursuing at the time. He should also see that the course of study is judiciously arranged and methodically pursued, ever remembering that

the acquisition of knowledge is one thing, and the attainment of true mental discipline and correct habits of thought, is another, and scarcely less important thing. And it is equally incumbent on the preceptor, during the last year of the student's pupilage, to make him, as far as possible, his companion in visiting the sick—not merely in witnessing important surgical operations, but just as far as a true sense of propriety and the feelings of patients will permit, also, to the ordinary bed-side practice, that he may be able to go out, not only well skilled in the great leading principles of medicine, but also familiar with those practical details which make up so much of the daily duties of the physician:

It would, doubtless, tend much to the elevation of the business of private teaching, if the establishment of regular private medical schools was everywhere encouraged. By such means the work would be concentrated in fewer hands, and those almost necessarily better qualified, both by their natural inclinations and their scientific attainments; and the students, by being thus congregated in small classes, would keep alive in each other the spirit of emulation, and would effectually prevent their becoming mere "*office keepers*," instead of men ardently devoted to the task of mastering an extensive and intricate profession.

And, in regard to the period of public instruction in our medical colleges, there seems to be but one opinion in the profession, and that is, that the term of four months, so long and universally adopted in this country, is entirely too short, either for the professors to fairly present their respective branches, or for the students to properly digest the matter which is offered them. So manifest, indeed, is this truth, that the recent National Convention, after mature deliberation, almost unanimously passed a resolution strongly recommending an extension of the college term to six months. And, if any further evidence was wanting, we have it in the valedictory of almost every professor in the country. For the number of them who do not annually set forth the shortness of time allowed them, as their apology for having omitted many things of importance, is very small indeed. And not a few, like the illustrious professor of surgery in the University of New York, close their *four* months' work by informing their classes that they have scarcely passed over half of their course. The very idea of presenting to the mind of a student all the various branches of medical science—anatomy, general and special, physiology and pathology, chemistry and materia medica, obstetrics and diseases of women and children, theory and prac-

tice of medicine, principles and practice of surgery, medical jurisprudence, etc., together with practical anatomy by dissections—all in the space of *sixteen* weeks, is in itself so absurd, that the reflecting mind wonders why it was ever seriously attempted. The practical effect of such short terms has been to cause almost every student to neglect two or three of the branches taught in the colleges, for the sake of gaining time to pay the requisite attention to the rest; and, as a matter of course, the neglected branches are generally those which are supposed to have the least direct utility at the bedside of the sick, and will be most leniently passed over in the final examination. Hence, while most of our graduates leave the colleges tolerably well versed in the ordinary details of medical and surgical practice, very few, indeed, have even a superficial knowledge of general anatomy, physiology, medical jurisprudence, or chemistry. The consequences of this are exceedingly injurious, both to the profession and the community. If the daily visits to the sick constituted the whole duty of the physician, the slighting of certain less directly practical branches would be a matter of minor consequence, although they are even here capable of valuable application almost every day. But, when we remember that there is not a member of the pro-

fession, in the remotest corner of the country, who is not liable to be called on for medico-legal opinions and investigations, and on the correctness of which may depend, not only the maintenance of justice, the health of the community, but also the reputation and lives of his fellow-men, we begin to appreciate the magnitude of the evil. Indeed, there is scarcely a judicial district in the country, that has not suffered the loss of thousands of dollars, seen the ends of justice totally defeated, and the reputation of the profession itself lowered in the estimation of the community, from the lack of a competent knowledge of chemistry and medical jurisprudence on the part of medical men. Hence, we have, as an invariable result of a four months' college term, either the acquisition of a very superficial knowledge of all the branches of medicine, or the neglect of some for the more thorough study of the others. Suppose a class in one of our academies or literary colleges were seriously requested to thoroughly review their natural philosophy, chemistry, astronomy, algebra, geometry, botany, and moral philosophy, all in the short space of sixteen weeks, would they not ridicule both the proposition and its inventor? And yet these branches of science fall far short, in number and intricacy, those presented to the medical class during each lecture term.

Yet, plain as may appear the necessity of reform, in this respect, to an uninterested observer, still, the colleges seem to enter on it with extreme reluctance. This arises chiefly from two causes, viz.—mutual jealousy or rivalry, and the fear that students cannot be induced to attend a period of six months.

The time has been, and that, too, not long since, when the bare mention of this first cause would have been repelled as a slander on our medical institutions; but its powerful influence is being demonstrated even at this moment so clearly, that the perverted vision of self-interest itself, cannot fail to see it. More than three years since, the whole profession, represented in a convention at Philadelphia, solemnly declared its wish that the college terms might be extended to six months. One or two out of the whole number promptly responded to this wish, a few others timidly advanced from sixteen weeks to eighteen or twenty, while far the greater number contented themselves with the declaration, that they were ready to comply with the request so soon as it shall appear that *all* the other colleges will do so to. Thus it is not because the professors are unwilling to lecture a longer time, not because it would increase the expenses of the colleges, but, in plain English, because each college fears to lay a single item of

burthen on the student, even in the way of affording him greater facilities for obtaining knowledge lest some neighboring college, by failing to add such burthen, should prove a more successful rival.

The second reason for not extending the period of college instruction, is equally the exclusive fault of the institutions themselves. I very well remember that in the same convention to which I have alluded, it was urged by Professor Mitchell, of Transylvania University, Professor Hare, of Philadelphia, and others, that it would be useless to extend the college term, for it was now a notorious fact, that scarcely half the students could be kept together through a term of four months, and much less would they attend six. It was even said, and truly, too, that very many do not now arrive at the college until the term is nearly half gone, and others leave a month or six weeks before its close. Now, there is a very plain reason why these things are so. It is simply because the colleges keep their matriculating books open until the middle of their terms, and credit students for full courses who leave before three-fourths of the lectures have been given. If a man should employ a dozen laborers, and let them know in the beginning that he should give them credit for a full day's work though they should

not actually labor six hours out of the twenty-four—does any one suppose his men would be very particular about going to their work at a very seasonable hour in the morning, or remaining at it until the usual time in the afternoon? Certainly not. And yet, such a supposition would be just as reasonable as to expect all our medical students to attend punctually the entire college term, whether it be four or six months, while they know very well that they can get their names duly registered, and obtain the same objects, by attending scarcely more than half of that period. If all our medical colleges should adopt, and rigidly adhere to the rule, that no student should be credited for a full term who failed to be present and take his matriculating ticket, within ten days from the commencement of the regular term, or who should leave more than ten days before its close, we are satisfied that there would be very little difficulty in keeping the classes together during any length of term which might be agreed on. Hence, it is plain that this objection, which is the only real one urged by the colleges against the adoption of the six months' term, has its whole foundation in their own erroneous practice. And it could be urged, with just as much propriety and force, against a three, as a six months' course, for in either case it would be

allowing the colleges to take advantage of their own errors. But the real difficulty here is the same as in the preceding case, viz.—the rivalry and want of concert existing among the several schools. Thus, if a student applies for admission into one of our colleges six weeks after the commencement of the term, the faculty dare not refuse him, lest he turn on his heel and walk directly into the halls of some rival institution; and yet there are those among us who seem to see nothing in the multiplication of medical schools, and the active rivalry carried on among them, in the least degree calculated to lower the standard of education in the profession. But if our system of instruction, both public and private, needs improvement and extension, the mode of examination for testing the qualifications of the student, and admitting him into the ranks of the profession, needs it still more.

We have already shown, in the historical part of this work, that the college diploma has been recognized as a sufficient license to practice medicine and surgery in almost every state in the Union, and, consequently, it has now become almost the only regular passport into the ranks of the profession. In several of the states, as in New York, this is made so by the laws granting the charters of the several schools, while in others

the diploma of the college is made a sufficient evidence of qualifications, by the laws establishing state and district board of censors, or by the rules adopted by the boards themselves. Hence, practically, the business of teaching and licensing is united in the same persons, and, with a very few partial exceptions, these persons are exclusively the officers and professors in the several medical schools. We have also seen that the means they adopt for testing the qualifications of the candidates, generally consist of one oral examination, continuing from fifteen minutes to one or two hours, and a written thesis on some medical subject.

That such means are insufficient, and entirely unsatisfactory, seems evident to every impartial and reflecting mind. They are insufficient, because they are addressed almost exclusively to the memory of the student, without necessarily calling into action either the perceptive or reasoning faculties, and hence they are unsatisfactory, as affording neither a test of his quickness of perception, his soundness of judgment, or his ability to apply both to the practical duties of his profession. If the college diploma is to be regarded as a mere certificate of attainment, or as evidence that the holder has attended a certain number of lectures, then, the mode of examination which the officers and faculty adopt, is a matter of little consequence

to the profession. But when such examination is to constitute the test of a student's fitness to enter into the ranks of a profession, whose sole business is to guard the public health, heal the sick, and alleviate human suffering in its ever varying forms, it should always be so conducted as to secure fully the following objects and conditions, viz. :—

1st. The examining board should be so constituted as to possess no interest whatever in the result of the examinations, either direct or indirect, pecuniary or moral. If a juryman is selected to determine an issue between two neighbors, involving a value of twenty shillings, he must not only be sworn to decide impartially, but must also be entirely free from all interest in the result of the decision, and free from having even expressed an opinion in regard to the merits of the case. The same is equally true of the justice or the judge on the bench. Indeed, the principle of entire disinterestedness on the part of those who, in any or all the relations of life, are to act as judges of the rights and interests of others, is so interwoven with all our ideas of justice, that nothing would elicit more speedy or universal censure, than its designed transgression in any of the ordinary business transactions in life; and, if the principle is thus sacred when applied to the ordi-

nary pecuniary transactions between man and man, how much more so should it be when brought to bear directly on, not only the honor and usefulness of a noble profession, but also on the health, and even lives, of hundreds and thousands of our fellow-men.

But are the professors and officers of our medical colleges thus disinterested in regard to the examinations which they conduct? Have they no interest, either direct or indirect, in the result? To answer these questions satisfactorily, involves a full knowledge of the interests and motives of every college trustee and professor. These are, first, his own personal reputation and that of the school with which he is connected; second, the pecuniary profits resulting from such connection; and, third, the desire to do good as a teacher of others.

That the first two of these objects are the paramount and controlling ones which govern the conduct of professors in medical schools, as well as that of every other class of enlightened men in Christendom, so far as temporal matters are concerned, is too evident to need a word of comment. It is equally evident, that these objects will be accomplished just in proportion to the number and intelligence of the classes they are able to draw into their respective schools. Hence, it is

the first, and most prominent object of those connected with every school, to increase, as far as possible, the number of students in attendance. For this purpose they send forth their annual catalogues and circulars, enlist the co-operation of their friends, and arrange their courses of instruction, and of course their examinations also, in such a way as they think best calculated to please and satisfy the students themselves. And as the principal objects of the student are, to gain the requisite amount of knowledge with as little expenditure of time and money as possible, and make sure his success at the final examination, the strong and inevitable tendency will be for the schools to vie with each other in their facilities for the accomplishment of these two purposes. Thus to accommodate the dilatory, the matriculating books are kept open during half of the entire term; to catch the poor they offer credit, or even receive gratuitously; and to conciliate all, they make the final examinations as short and lenient as their consciences will permit. And on this point the consciences of every faculty are easily satisfied with the belief, that they examine quite as rigidly as any of their neighbors and rivals. But this is not all, for every diploma granted brings from fifteen to thirty dollars into, either the pockets of the professors

or the treasury of the school to which they belong.

It is thus seen that every faculty of professors, so far from being disinterested and impartial examiners of their own classes, are under the direct influence of the strongest motives to swell, as far as possible, the list of successful candidates. These motives are nothing less than personal reputation and pecuniary gain, stimulated by the direct competition of rival institutions. Hence, every faculty of professors who resolve themselves into a board of examination, to sit in judgment on the qualifications of their own students, are placed in such a position, that their own personal interests are in direct collision with their duty to the whole community, and their regard for the honor and welfare of the profession to which they belong. The true position of every medical examiner is plainly that of a judge sitting in judgment on the dearest interests of the student, on one side, and those of the community on the other. Now, if the matter at issue between these two parties was a few dollars in money, instead of the reputation of the one and the health of the other, no sane man would pretend that a judge ought to be placed over them who was directly and strongly interested in one of the parties. And is it not equally a direct violation of all correct

principles to do so in the other case? If I have succeeded in demonstrating the fact, that every professor is necessarily an interested party in everything relating to the students in his own school, (and to deny it, is to assume the absurd position that he cares neither for his own reputation or the amount of his own salary,) then nothing can be more clear than that the union of the business of teaching and licensing in the same persons is entirely "wrong in principle." That it is liable to great abuse in practice, the actual condition of the profession at this moment fully proves; for how else shall we account for the fact, that scores are annually added to the profession, with college diplomas in their pockets, who are destitute alike of preliminary education or sound medical knowledge; others who are open and avowed homœopathists in faith and practice; and still others who have divided half of the time professedly spent in the college, between the house of ill-fame and the grog-shop? I am not here censuring the conduct or impeaching the motives of those connected with our medical schools. They, like all the rest of mankind, are governed by a sincere and laudable desire to advance the immediate interests and prosperity of themselves and the institutions to which they are attached. To expect them to do otherwise, would

be as unreasonable as contrary to the ordinary tendencies of human nature. Indeed, while every student is left free to choose what college he will attend, and permits the question where he can most *certainly* and *cheaply graduate*, to be one of the most potent elements in determining his choice, a faculty of professors could scarcely be guilty of greater folly than the attempt to exact of every candidate such qualifications, both moral and intellectual, as the true interests of the community require, while they could exert no controlling influence over the examinations of other and rival faculties. But, in thus attributing the present low standard of education, and the great defects in the mode of examining candidates, to the natural and inevitable workings of the system adopted, we illustrate still more forcibly the incorrectness of the principle involved. It is no more than just, however, to state, that there are those who not only insist on the correctness of the principle involved in the union of teaching and licensing, but who also contend that such union is beneficial in its practical operation. This is the view taken by the able chairman of the committee who reported on this subject at the National Convention in Philadelphia, 1847, but whose report received the sanction of only a minority of the committee, and was not adopted

by the convention. His reasons for this view are thus presented in the report, viz.:—

“1st, It will probably be admitted that, taking teachers as a body, they are at least as well qualified to conduct the examinations, and to judge of the fitness or unfitness of candidates to be invested with the privileges of the profession, as any other class of practitioners.

“2d, Under the present organization, each school has it in its power to elevate or degrade the value of its diploma, and to make the possession of it an honor, or otherwise, according to the character of the school from which it emanates. The faculty of each college is interested in maintaining the reputation of the institution with which it is connected.

“3d. The character of the graduates will, in a great measure, depend on the character, as men and as teachers, of the professors. When the professors are men of elevated sentiments, the students insensibly imbibe the same high tone of feeling. The young graduate is proud of seeing the names of men whom he honors, and, perhaps, venerates, attached to his diploma, while teachers cannot fail to be gratified in attesting to the qualifications of diligent and well-deserving pupils. It may well admit of doubt whether it would be

advantageous to break up this *sympathy between students and their instructors*.

“4th. The teachers have the best opportunities of knowing the characters and capabilities of candidates, from witnessing their general deportment in the class-room, etc. The necessity for good behavior, and regular attendance, for obtaining a degree, contributes greatly to secure that discipline and decorum in the class-rooms so essential to the advancement of the pupil, and the success of the teacher. If the professors were to be excluded from the board of examiners, or not to have a preponderating control, their influence over their classes would be greatly impaired.”

Such are the reasons given for the continuance of the union of teaching and licensing, by one of its ablest advocates ; and it may be added, that they are the most plausible and ingenious that can be adduced. But, pray, what do they amount to, when weighed in the balance of sound reasoning ? The abstract truth of the first, provided the teachers have no personal interest in the success of the candidates to be examined, no one denies ; while the others consist in little else than a full admission of nearly all for which we have contended. Thus, we are told, in plain terms, that the professors in each college are

“interested in maintaining the reputation”—i. e. the popularity and prosperity—“of the institution with which they are connected;”—that “it is in their power to elevate or degrade the value of its diploma,” and, of course, also, the character and qualifications of those on whom they confer it;—that there is a strong and mutual bond of “sympathy between students and their instructors;”—and, finally, that the students themselves are greatly influenced in their conduct, and, consequently, in their choice of colleges also, by the fact that they are dependent on the professors for the attainment of the chief object of their ambition, viz.—the diploma.

Now, if all this is not a full and explicit admission that both teachers and pupil are strongly and mutually interested parties—nay, but mutually *dependent* parties, then I know not the meaning of language. The one is dependent for the prosperity of his school, the other for his diploma. Hence, until it is proved that it is a correct principle of action to make interested parties judges or jurors, it will remain a stubborn truth, that the union of teaching and licensing in the same persons is “wrong in principle;” for no sane man will pretend that the medical examiner is anything else than a real judge, whose duty is, to protect the dearest interests of the profession on the

one side, and those of the whole community on the other. Neither am I alone in asserting this doctrine; for so early as 1837, the same view was advocated by some of the ablest members of the faculty in Philadelphia. They even went so far as to organize an institution for the purpose of examining candidates and conferring degrees, wholly independent of the business of teaching; and the legislature of that state was petitioned for a charter, sanctioning their organization; and, though such petition was signed by one hundred and twenty-six physicians, practitioners of Philadelphia, including almost every medical man of note in that city, not connected, officially, with the two chartered schools then in existence there, it failed to meet with the approbation of the legislature; and, consequently, it was never fully carried into operation.* Again, at the annual session of the Medical Society of the State of New York, for 1839, one of the resolutions reported by a committee, was as follows, viz.—“*Resolved*, That the right of teaching ought to be separated as much as possible from the power of conferring diplomas of license.” This resolution was freely discussed by the society, and adopted, by a vote of fourteen to four.

* See *Eclectic Journal of Medicine*, vol. i., page 80.

The same year, a committee was appointed by the society, consisting of Drs. J. R. Manly, of New York, T. R. Beck, of Albany, and J. M'Call, of Utica, to consider maturely, and report on the whole subject of medical education, at the next annual meeting of the society. The report of this committee was duly made the following year, by Dr. Beck, and one thousand extra copies were published by the society for distribution. In that report we find the following language, viz. :—

“But, in view of the diploma becoming depreciated by the rapid establishment of new schools, it may well become a question deserving serious consideration, whether, at no distant period, the right of teaching and licensing should not be *disjoined*. An incidental difficulty to the adoption of this suggestion, is the fact that we are surrounded by institutions in other states, who might or might not follow it, and thus our students might be induced to desert our own colleges.” *

When we remember that this is the well-guarded language of one of the ablest and most experienced teachers in our country, it is at least entitled to some consideration; and particularly

* See Transactions of State Medical Society, vol. iv. p. 260.

the last paragraph, which is another direct acknowledgment of the powerful influence exerted over both professors and pupils by the privilege of granting degrees.

The proposition for separating the right of teaching and licensing was again brought to the notice of the New York State Society, at the annual session of 1844, and through it, also to the notice of the several county societies in that state; and the published transactions of the following year show, that it not only received the sanction of the state society, but also of a very large proportion of county societies then in active existence. It was, as has already been shown in a previous chapter, the discussion on this proposition, at the annual meeting of the state society, in 1845, that gave rise to the call for a National Medical Convention, to be held in May, 1846. To this convention, when assembled, the following resolution was presented, viz.—“*Resolved*, That the union of the business of teaching and licensing, in the same hands, is wrong in principle, and liable to great abuse in practice,” etc. It was freely discussed, and, after various motions to lay it on the table, or otherwise prevent its being brought prominently before the profession of the whole country. it was sustained by a majority of the members of the convention, and referred to a

special committee of seven, with instructions to report to the next convention, to be held in Philadelphia the following year. The results of such reference have been already detailed in the preceding chapter.

From these historical facts, the reader will be able to judge of the propriety, as well as truth, of the following sentence quoted from an editorial article in the *New York Journal of Medicine and Collateral Sciences*, for July, 1847, viz.:—
“With respect to the long agitated question of uniting the business of teaching and licensing in the same hands, we were gratified in finding the convention *unanimously* scouting the idea, that such union ‘*is wrong in principle*,’ although admitted to be ‘liable to great abuses in practice.’”
I think it would puzzle the most attentive witnesses of the doings of that convention, or readers of its published proceedings, to find any evidence of such *unanimous scouting*. It is true that, in one of the reports made to that convention by the committee, it is said, “If the resolution means to affirm that there is a *moral wrong* involved in the union, they cannot accord with it.” But who ever before thought of confounding a principle of action or legislation, affecting whole classes of men or institutions, with a *moral* right or a *moral* wrong? By a wrong principle, I mean one which,

when carried into practical operation, is found to bear such a relation to the nature of man and the institutions of society, that it directly, and as it were, necessarily, leads to bad results; while a *moral* wrong is either a known commission of evil, or a designed omission of good.

About the first, the most upright and intelligent men may and do honestly differ in opinion. Thus, some think it a correct principle of action to protect certain branches of industry by taxing the products of foreign labor of the same kind; others again, contend that it is a wrong principle of legislation to tax articles of commerce, even for the support of government. Hence, when we speak of the correctness or incorrectness, the soundness or unsoundness of a principle, we have reference strictly to its *adaptation* to the nature and condition of the community or institutions to which it may be applied, and its tendency, when carried into practice, to *improve* or *injure* such community or institutions. If this is a correct definition, then it is evident that the question of morality, in the ordinary meaning of that term, can have nothing to do with the subject. And, consequently, to determine whether the principle involved in the union of teaching and licensing in the same persons is right or wrong, it is only necessary to inquire whether the practical opera-

tion of such union tends to elevate the character of the colleges, extend the usefulness of the profession, and protect the interests of the community, or not.

That this union does not tend to elevate the character of the medical colleges, is abundantly evident from the history of every one of these institutions, since the time of Drs. John Morgan and William Shippen. If we ask any one college to extend the length of its course of instruction, the ready answer is, "Our course is now as long as that of our neighboring schools, and if we require a longer time of the student, he will abandon us for our rivals." If we ask for greater strictness in examinations for the diploma, we are told that "*Our* faculty are already as strict as any of our neighbors, and if we exact more of *our* candidates, we shall only drive students from our halls to other schools, without any benefit to the profession." If we ask for an increased number of professors, and a more perfect division of labor in reference to teaching, the answer is the same. If we go from any single school to all the colleges in any one state, and ask them to act in concert with each other in the adoption of any improvement, or system of improvements, we are solemnly assured that the system of teaching and the standard of education in the institutions of that state,

are quite as elevated as in any of the surrounding states; and if they are raised still higher, it will only cause students to resort to the colleges of other states over which "*we*" have no control.

Finally, if we call together, in one grand national council, the united wisdom of the whole profession, from Maine to Texas, and unanimously ask all the colleges to add two months to their regular courses of instruction, and add one or two professors to the number of their respective faculties, we are most gravely told by each college, that *it* is ready to comply with the recommendation *so soon as all the other* colleges shall do the same; and, at the end of three years, with very few exceptions, each is still waiting for all the others. Thus it is, that this union of teaching with the power to grant diplomas, which are licenses to practice, is now, and ever has been, like the flaming sword at the entrance of the Garden of Eden, turning every way to keep out of the colleges the wicked monster, *reform* or improvement. Or, still more like the angel in front of the poor prophet, Balaam, and his ass; if the beast went to the right, the angel with his drawn sword was there; if to the left, he was there also; while the walls, like the competition between the colleges, towered up on either side ready to crush the foot of whoever should fall against them.

The principal discordance in the comparison consists in the fact, that the faculties connected with the several colleges are not, like Balaam, blind, but they see plainly their position, and hence, are very content to let their beasts remain *in statu quo*, without applying either whip or spur. But this is not all; for the practice of looking to the colleges for diplomas of admission into the profession, changes the very issue or question on which they should depend for their patronage, and tends very strongly to corrupt the minds of the students. The question, and the only legitimate question, which ought to present itself to the mind of the student, in determining his choice of colleges, should be,—where can he obtain the greatest amount of sound medical knowledge, by the expenditure of a given amount of time and money? If this was the case, every college would have to depend for success on the intrinsic merits of its faculty, and its means for illustrating and communicating professional knowledge. And hence the competition between rival schools would consist in a struggle to outdo each other in the number and ability of their faculties, the length of their courses compared with their charges, in the perfection of their system of teaching, and in everything which could aid the student in preparing himself for the arduous duties of his profes-

sion, instead of striving to court the favor of students, by adding to their facilities for obtaining a diploma, which is now too much the case. Hence, the separation of the business of teaching from that of licensing, so far from injuring, would directly benefit the colleges, by destroying the advantage which such power now gives to the poorer schools, and compelling each to stand more exclusively on its real merits. If the foregoing observations are correct, it certainly follows, that boards of examiners, to be wholly disinterested, should be altogether unconnected, as teachers, with the candidates to be examined.

2d. The mode of examination should be such as to constitute a real test of the candidate's qualifications, independent of the time or place of his study.

To accomplish this, the candidate should not only be required to write a thesis on some medical subject, and submit to one short oral examination, but he should be required to report in writing one or more cases of disease, minutely detailing the symptoms, pathology, prognosis, and treatment; and also examine and prescribe for one or more patients in the presence of the board, giving not only the diagnosis and treatment, but the reasons for both. Such an examination, fairly carried out, would form something like a real test of

the intellect and judgment, as well as mere memory of the student; and, taken in connection with the proper evidences of good moral character, would enable a board of examiners to judge, with some degree of certainty, whether he was prepared to maintain the honor of the profession, and do justice to the community, or not.

If the foregoing views, in regard to the qualifications which ought to be possessed by a board of censors or examiners, and the kind of examination which should be exacted, are admitted, the question arises—how, and by whom, shall such board or boards be appointed? That they ought to emanate from, and be responsible to, the great mass of the profession, very few reflecting men will either doubt or deny; for certainly the profession alone have the right to determine who ought to be admitted into its ranks, and who shall, or shall not, be recognized as brethren and co-workers in the great and responsible work of alleviating and preventing human suffering. And to pretend that this high duty ought to be left with thirty or forty irresponsible and independent chartered institutions, acting under the strong influences of mutual rivalry and self-interest, is an absurdity without a parallel, in all the relations of human society.

But, without extending these comments further,

I shall close this work with a brief statement of my views concerning the particular measures calculated to meet the wants, and remedy the defects, which have been pointed out, and which, I believe, to constitute the only practicable mode of elevating the profession to that position of honor, usefulness, and learning, which it ought to occupy in every enlightened community.

The experience of all countries has shown that comparatively little reliance can be placed on legislative action for promoting the welfare of the profession, or protecting the health of the people. And especially is this the case in our country, where, instead of one central controlling power, we must depend on thirty independent legislative bodies, and even these annually undergoing changes in accordance with the popular will. If this is true, then it follows that whatever is done for the accomplishment of the above objects, must be done by the profession itself. Its social position, its usefulness, and its honor, is entirely in its own keeping, and dependent on its own action. Indeed, the same may be said of every profession or calling in which men engage. (For with us, *public sentiment* is the supreme controlling agent throughout every department of our social and political organization.) Legislators and laws are alike its creatures, ever ready to render prompt

obedience to its will. And what is true of the whole mass of the people, is equally so of each individual class or profession; and all that is necessary, in order to render such agent operative and efficient, is such an internal organization of each profession as will give its real *public sentiment* embodiment and expression. Hence it is, that *associated action* has come to be the great characteristic feature of the present day.

Every political campaign is but a grand and systematic organization, to embody and give expression to the public sentiment at the ballot boxes. Our courts of justice serve as an efficient organization for the profession of law, and our numerous ecclesiastical assemblies, conferences, and councils, serve the same purpose still more perfectly for the clerical profession. And if the medical profession ever clears its ranks from the thousand forms of quackery, and assumes that position to which its nature and intrinsic worth entitles it, the same means must be promptly and efficiently applied. Without this, a statute book, full of laws, would be of no avail, and with it such laws would be, to a very great extent, unnecessary. Hence, as the basis of all permanent improvement, I must place an efficient internal organization of the profession. Let the medical men of each state form themselves into district,

or county and state medical societies, and let these again be united by one national association, in such a manner that the sentiments entertained in the remotest county may be heard and felt at the great national center, and *vice versa*. These associations should be on such a plan as to include in their basis every regular and honorable member of the profession. This basis must be the district or county societies, while the state constitutes the individual, and the national association, the general head. Hence, both these latter should be so truly representative in their character, as to give embodiment and expression to the general will.

It will be seen, in the preceding chapter, that this work of organization is not only begun, but is even now far advanced towards completion. The national association has been formed, and is actively engaged in the accomplishment of its legitimate objects ; and state and county societies also exist in a majority of the states ; but these latter need re-animating, extending, and multiplying, until they occupy every state, and include every worthy member of the profession. I have so fully illustrated the ordinary benefits conferred by such associations in the preceding pages of this work, that it is unnecessary to repeat them in this place. But, besides all these, they afford the only

means for obtaining concert of action throughout the whole profession, and, without which, no important improvement in medical education can ever be fully realized. But with such an organization, both local and general, as will bring medical men in frequent contact with each other in a social capacity, and bring all parties to act in concert, any important measure that may be desired can be carried, even to the enactment of uniform laws by the legislatures of the several states. Hence, a thorough organization of the profession should be the first object of every advocate for medical improvement; and this organization should include—first, a board of censors, appointed by each local society, to examine all candidates for admission as students, in regard to their preliminary education; and no member of such societies should admit a student into his office without a certificate from said board, certifying that he is well versed in all the branches usually taught in our academical institutions, and possesses a good moral character. And second, one board in each state for the examination of all candidates for full admission into the ranks of the profession.

This board should consist of, at least, seven members, appointed by the state medical society of each state; and, if advisable, also, one addi-

tional member, appointed by each regularly incorporated medical college; and the presence of two-thirds should constitute a quorum for the transaction of business. The board should meet at such time and place as the state society should direct, and should not only require of each candidate the ordinary oral examination in the various branches of medical science, but also, the presentation of a written thesis on some medical subject, the detailed report of one or more cases, and the examination of at least one patient, in the presence of the board. The examination, and all the requirements, should be the same, whether the candidate possesses a diploma conferred by a medical college, or not. All who are found qualified should receive from the board diplomas, certifying to such qualifications, and entitling them to be recognized as members of the profession throughout the whole country; but without such diploma, no one should become eligible to membership in any society, or be countenanced or consulted with as practitioners. All fees derived from the granting of diplomas should be paid directly into the treasury of the state society by which the examining board was appointed; and the members of such board should be paid a reasonable compensation for the time actually spent in the performance of their duties,

as examiners, by the same society,—their bills, duly certified to, being presented to a regular meeting of the society, and audited in the same manner as provided for all other bills of expenditure.

The advantages of such a plan, when carried into practical operation, are manifold :

1st, It would secure the practical adoption of a fair standard of preliminary education, which is as essential to the elevation and usefulness of the profession as is a knowledge of geography to the naturalist.

2d, It would insure a more uniform, elevated, and practical standard of requirements for admission into the ranks of the profession ; because the several state societies being directly connected with each other, through the medium of the National Association, would almost necessarily give to their several boards of censors similar rules and exactions.

3d, It would place the responsibility of fixing the qualifications, and regulating the admission of members into the profession, where it rightfully and properly belongs, viz., with the mass of the profession itself.

4th, It would tend greatly to elevate the character of medical teaching, both public and private, by making every teacher, and every faculty of teachers, depend entirely on their *merits* for

success. Mere speculating associations, or sham corporations, would no longer be able to draw respectable classes of students by the cheapness of their diplomas, the liberality with which they are distributed, or the shortness of time required for college attendance; but the student, knowing that the success of his final examination must depend entirely on the amount and readiness of his medical knowledge, his mental discipline, and his moral character,—uninfluenced by the fact that he has spent more or less time and money in this or that college, or the question, whether his approval or rejection will benefit or injure this or that institution,—he will be governed, in his choice of teachers and colleges, by one simple question, viz.—Where can I gain the *greatest amount* of sound medical knowledge for a given amount of time and money? With this question as the sole issue between the teacher or the college and the pupil, we should speedily have a radical change in the nature of the competition among our medical institutions. Instead of a struggle to outdo each other in placing the diploma in such a position, or on such terms, as to be most effectual in decoying students into their own halls, their competition would necessarily consist in an effort to excel in the number of their teachers, and the length and perfection of their courses, compared with

their charges,—a competition tending, necessarily, to progression and improvement, instead of the reverse, which now prevails. Indeed, nothing hangs as a heavier incubus on all attempts to improve our system of medical education, than this connection of licensing and teaching. It enables the merest shadow of a college, with its thirteen or fourteen weeks' lecture term, and perhaps two of these in one year, to issue diplomas just as large, couched in just as flourishing Latin, conferring just as many privileges, and, as the student well knows, having just as much influence with the great mass of the community as the best, most thoroughly organized, and most rigid institution in the Union,—hence, one of the strongest motives to real excellence in teaching is done away with, and the poorest college is given a decided advantage over the best.

It is on this ground that I have, for several years, urged this separation, as a measure of real benefit to the colleges themselves, and as the only one which would ever enable the good institutions to reap the full benefit of their merits, in opposition to the badly managed and worthless. Indeed, the whole history of mankind, in all ages and countries, has not more clearly demonstrated the truth of any proposition than this— that every class of institutions, whether educa-

tional or industrial, not only flourish best, but are most progressive and improving in their condition, when left to depend entirely on their own merits for patronage and success.

5th, It would insure both permanence and efficiency in the social organization. Those who study carefully the history of those medical societies and associations which have been formed, from time to time, in different states, will not fail to perceive that, with very few exceptions, they have flourished for a few years only, and then maintained a nominal, rather than an active, state of existence. Thus, from 1810 to 1830, an active spirit of medical organization prevailed, resulting in the formation of state and county or district societies, in a large majority of the states then existing in the Union. At first, many of these had boards of censors, whose fees, derived from the examination and licensing of students, not only defrayed their ordinary expenses, but, with a trifling initiatory tax, served to accumulate valuable society libraries, and the interest felt in their regular meetings continued unabated. But, as already shown in the historical part of our work, the college diploma rapidly superseded the state and county licenses in all the states except, perhaps, Delaware and Louisiana, where a state license is still required by law.

The societies being thus left to depend entirely on the voluntary contributions of the practitioner, who must tax himself to support the county society, spend his time, and tax himself again to pay traveling expenses, and to sustain the state organization, soon began to loose their interest, and fall into a state of inactivity. So true was this, that, though state and district medical societies had previously been formed in all the eastern states—in New York, New Jersey, Delaware, Maryland, Mississippi, Alabama, Tennessee, Ohio, Indiana, and Michigan—yet, in 1840, those in Massachusetts and New York were almost the only ones that maintained anything more than a mere nominal existence. And even in the latter state, out of its sixty counties, not more than sixteen or seventeen were represented in the meetings of the state society. Since the successful organization of the American Medical Association, and the general interest which has been excited on the subject of medical education, a new and active spirit of social organization has been rekindled. Hence, during the last four years, most of the old societies have been re-animated, and new ones have been formed in most of the states, where none existed before, such as Pennsylvania, South Carolina, Georgia, Illinois, Iowa, and Wisconsin. As proof of the present activity

of this spirit, it is only necessary to mention, that over four hundred delegates were in attendance on each of the last two meetings of the American Medical Association, the one in Boston, the other in Cincinnati, and that many of these traveled more than a thousand miles, at their own expense, for that purpose. But does any one suppose that this spirit will continue year after year, under the influence of such personal sacrifices of time and money? It requires only an ordinary knowledge of human nature, and of the past history of medical associations, to see clearly that, without some collateral aid, some permanent resource for lightening the burthens and increasing the interest of such organizations, they will inevitably sink into a mere nominal existence, so soon as the exciting subjects which brought them into being cease to be the predominant topics of interest. But if each state organization could receive an annual income sufficient to defray its ordinary expenses, publish its transactions, and, perhaps, enable it to offer a premium for original essays, or defray the expense of original experimental investigations, it would not only insure the permanent prosperity of such organization, but it would prove one of the most powerful means of improving the whole literature and science of the profession.

One of the primary objects I had in view when

I presented the first series of resolutions in the New York State Medical Society, in 1844, advocating the separation of the licensing from the teaching power in our colleges, and investing it in state censors, was to put into the possession of the state societies such an income, for precisely such a purpose. That this was a leading object, will be seen by a reference to the resolutions themselves, as published in the transactions of that society.

It will be seen by reference to the report of the committee on medical education, contained in the Transactions of the American Medical Association for 1849, that nearly fourteen hundred were admitted into the profession during the year previous, by receiving diplomas from the several medical colleges in our country. These, at twenty dollars each, gave those colleges no less than twenty-eight thousand dollars. Now, suppose this sum was annually received by boards of examiners, one for each state, and turned directly into the treasury of the state societies, every reader will see that it would afford an ample fund for paying the examining boards, publishing the annual transactions of the several societies, and enable each to powerfully encourage original investigations by premiums or experimental committees; and who can calculate the beneficial results that would accrue to the whole profession by thus ren-

dering its organizations permanent and prosperous, and maintaining an active and ever-increasing spirit of scientific inquiry? It may be said that the loss of this fund would, by crippling the colleges, injure the cause of medical education as much as it would advance it, in the manner proposed; but if we remember that there are about four thousand five hundred students annually in attendance on the several colleges, and that a matriculation fee of five dollars for each, after deducting five hundred as third course students would give no less than twenty thousand dollars, besides the entire receipts for lecture fees, we shall be satisfied that these institutions would have no cause to complain. And even if such a course should cause a school, here and there, to close its doors, it is by no means certain that either the profession or the community would suffer thereby.

This leads us to a consideration of the last subject mentioned, when speaking of the wants of the profession, viz., the adoption of such a college organization, and such a rate of lecture fees, as will induce a far larger proportion of those who practice medicine to qualify themselves thoroughly, before entering upon the discharge of duties so arduous and responsible. Nothing need be added to what has already been said in regard to the

insufficient length of our present college terms. That a sixteen weeks' term, with six lectures per day, on as many different and important topics, not only induces the majority of students to pass over the whole hastily, or neglect a part for the sake of mastering the rest more thoroughly, but also effectually prevents the great mass of students from paying that attention to practical anatomy, chemistry, and clinical practice in hospitals, etc., even where these latter are abundantly accessible, no man can consistently deny.

Let the reader inquire how many of the thousand students who annually congregate in Philadelphia, or of the seven hundred who spend their winter in New York, are daily found studying with care the most important of all subjects, viz. —clinical medicine and surgery, at the bed-side, in the capacious hospitals of those cities? I speak from personal observation, when I say that not one in twenty are found paying attention to these things. And why? Simply because they have no time. They must be in the lecture rooms of the college from nine or half-past nine in the morning to half-past twelve, and from three to six in the evening; during which time they must listen to chemistry, anatomy, physiology, midwifery, surgery, and practice of medicine: and if, during the interval, we allow to them the same

necessities for eating and sleeping that we do to other human beings, where is their time for the minute study of anatomy, healthy and morbid, for acquiring practical tact in physical diagnosis, and for patient observation of disease at the bed-side? The bare statement of the case shows its palpable absurdity.

If we would ever raise the medical profession to that condition, in regard to learning and practical skill, which justice to itself and the community imperiously require, two things must be done :

1st, All those medical colleges that are so located as to afford their students the necessary facilities for the study of anatomy, healthy and morbid, and the free access to well-regulated hospitals, must not only double the length of time during which their lectures continue, but such time must be suitably divided into minor terms. Thus, if the colleges in all our large cities would continue their courses of instruction through nine or ten months of the year, dividing such time into three sections, and assigning four distinct branches to each section, thereby occupying four hours each day in the lecture room, instead of six, and requiring the student to spend the remaining two hours in clinical study at the hospital, including dead-house observations in

morbid anatomy, and personal practice in physical diagnosis, they would not only present the requisite facilities for obtaining the right kind of medical knowledge, but would also give the student a chance to avail himself of those facilities. The different branches should be so grouped in the three sections, that all students studying three years would find it profitable to take tickets, and attend on one section only each year of his study.

With such a college arrangement, the student would be enabled to take up four branches each successive year of his study, and by confining his attention to these, both during his attendance on the college and in the interval, instead of skimming each year over the whole field of medical sciences, he would make himself thoroughly acquainted with each, in its turn, and, at the same time, acquire a mental discipline, far superior to that obtained under the present arrangement.

At present, first course students, many of whom have scarcely studied long enough to learn the number of bones in the human skeleton, are compelled to pay for tickets and listen to lectures on practical medicine, surgery, and midwifery, before they have the slightest knowledge, either of the organs diseased, the remedies recommended, or the anatomical structures operated on. In a word, they are set to laying the foundation,

building the superstructure, and putting in the furniture, all at the same time—a task as difficult as it is absurd. But let the whole annual session be lengthened and divided, in the manner proposed, and students, in the first year of study, can take the tickets for that section adapted to their period of progress, and concentrate all their attention on a thorough mastery of anatomy, and the other more elementary branches; those in the second year would take the tickets of another section, adapted to their stage of progress, and spend their time between the lectures in paying special attention to morbid anatomy and pathology, illustrated by post-mortem examinations; while those in the third or last year, having thus laid a systematic foundation, would take the section embracing instruction in the more purely practical branches, and be able to devote all their time out of the lecture room to genuine clinical medicine and surgery at the bed-side. Such an arrangement would require the student to attend the college no longer in any one year than he does now, would compel him to attend no more branches at one time than he could profit by to the greatest advantage, and yet would give him ten months of college instruction during his period of study, instead of eight, which is now required.

It is not only necessary thus to extend and divide the college terms, but the rate of charges for lecture fees must be more nearly adapted to the actual pecuniary condition of the great mass of medical students. The facts, that a proportion, varying from one-fourth to one-half, of all the practitioners, in many of the states, have never attended a course of lectures in any school,—that a considerable proportion of those who do attend are obliged to give notes, and obtain their lectures on *credit*,—and that almost one-half of the whole number of those who graduate, do so at schools, so located that they can have no hospital or genuine bed-side instruction whatever, and but a limited access to the study of practical and morbid anatomy,—are abundantly sufficient to prove that the present custom of charging from ten to fifteen dollars per ticket for lecture fees, or from sixty to one hundred and five dollars for each course of four months, is a very great barrier in the way of a more thorough education of the medical profession. It is utterly useless for the American Medical Association to reiterate, from year to year, its recommendation, that medical students be required to pursue practical anatomy, by dissections, and to attend to clinical instruction in hospitals a given length of time, so long as the amount of lecture fees required by those

colleges, so located as to afford the required facilities, is such as to wholly preclude a large majority of the whole number of students from attending them. The object which it is desirable to accomplish is plain and obvious, viz.—to induce a far larger proportion of those (I should rather say, to induce all those) who intend to practice medicine, to prepare themselves more thoroughly and more practically, before commencing their arduous duties. And how can this be done? Most obviously by placing the required facilities for such preparation more fully within their reach.

This position was most ably presented by the learned and eminent Dr. Alexander H. Stevens, of New York, one of the ex-presidents of the American Medical Association, in his annual address before the New York State Medical Society, delivered in the Assembly Chamber, at Albany, in February, 1849; and to accomplish this object to the fullest extent, he made a most just and well reasoned appeal to the State Legislature, to so endow the medical colleges, that the lecture fees might be entirely abolished, and medical education be thereby made *free* to every deserving student. The address of Dr. Stevens was very extensively read, and its sentiments were generally approved by the profession. Being

fully impressed with the importance of the object to be accomplished, and also, of the correctness of the principle involved in the measure proposed for accomplishing it, (viz.—the reduction of the lecture fees,) the faculty of the Rush Medical College, located at Chicago, Illinois, in the autumn of 1849, announced to their class a reduction of their fees from seventy dollars to thirty-six dollars for the whole course. Although this announcement was first made in the regular introductory lecture to the course, by the author of this work, yet it induced several students, who had not intended to attend the lectures of any school, on account of want of means, to immediately come forward and avail themselves of the advantages of the whole course; and so well satisfied were the faculty of that school, that the measure would not only work great good to the profession, by enabling a much larger number of those who study and practice medicine to educate themselves better, but would contribute greatly towards doing away with the necessity for giving credit to students, that in their annual announcement for 1850-51, they have reduced the expenses of a full course still further, by abolishing the matriculation fee, and making the gross amount of lecture fees thirty-five dollars, payable in advance.

During the present year, also, the Medical De-

partment, of the University of Michigan, has been organized, and their circular issued for the first regular course of instruction, to commence in the autumn of the present year. This being a department of the State University, which is liberally endowed with an income derived from the sale of public lands in that state, the professors are paid regular salaries, and no other charge made on the medical student, than a matriculation fee of ten dollars. They have also adopted a lecture term extending through seven months of the year. They have thus made provision for carrying out to the full extent, the important principles announced by Dr. Stevens, and acted upon as far as pecuniary resources would permit, by the Rush Medical College, at Chicago. I see by their recent circulars that some of the other western colleges, have also diminished, to a moderate extent, the gross amount of their lecture fees; so that this reform may be said to have fairly commenced.

But to accomplish fully the object in view, that is, to induce all who study medicine to educate themselves *better*, it is not only necessary to induce all to avail themselves of college instruction, but it is desirable to induce them to attend those colleges, which not only provide a suitable number of lectures, but also abundant anatomical and

hospital facilities. This certainly cannot be done under the present system, which enables those schools, located entirely beyond the reach of hospital or other facilities for practical instruction, to draw into their halls one half of the whole number of students, by the lower rate of their charges. If all the medical schools in our country, whose location places always at their command ample facilities for genuine clinical or practical instruction, would adopt the system I have developed in these pages, viz. :—

1st. Extend their lecture terms to ten months, instead of four ; divide it into three sections, with the medical sciences grouped into twelve divisions or chairs, four for each section of the term ; and requiring four hours of each day to be occupied in regular lectures, and two in special attention to the study of practical anatomy, healthy and morbid, and to clinical medicine and surgery, with their appendages, including, of course, physical diagnosis, etc.

2d, Have the several chairs so arranged in each section of the term, that students should be required to attend one section only each year of their studies, the section for the last year embracing the branches more especially practical, such as practical medicine, surgery, midwifery, etc.

3d, Instead of the present system of charges,

embrace the whole expense of attendance on any one section of the general term, except a charge for anatomical subjects and dissecting ticket, in an initiatory or matriculating fee of twenty-five dollars, payable always in advance—they would immediately induce a much larger proportion of students of medicine to attend lectures—they would make their medical education far more thorough, systematic, and practical, thereby greatly benefiting both the profession and the community; and they would rapidly concentrate in their own halls the whole patronage of the profession, and thereby benefit themselves and do much to destroy the petty college competition which is now so rife throughout the country. And if the sum now annually lost to the colleges, by giving students credit, and making deductions in special cases, should be added to that which would be paid by the additional number who would resort to these institutions, it would more than counterbalance the loss by a reduction of fees. Indeed, if the number of students resorting to the colleges should remain the same as at present (four thousand five hundred), the charge of twenty-five dollars each would give one hundred and twelve thousand, five hundred dollars annually, a sum sufficient to pay two hundred professors an average annual salary of five hundred

dollars each, and leave twelve thousand five hundred dollars to defray the ordinary college expenses. These sums, taken in connection with the increased division of labor, in making twelve instead of seven chairs in each school, and the concentration of the whole or a much smaller number of schools properly located, would make stations in the colleges abundantly sought after, and as well paid as any other positions in the profession. And if, in connection with such a system of teaching, a complete and permanent system of social organization, requiring a proper preliminary education, and providing for an efficient board of medical examiners in each state, as already pointed out, was adopted, the medical profession of our country, numbering, as it now does in its ranks, many of the most eminent and learned men on the continent, would, as a whole, speedily assume a more elevated position, and occupy a much wider field of usefulness. In regard to the objection, that cheapening medical education would only increase the number of those who would crowd into the profession, I have simply to remark, that the numbers should be restricted by adding to the standard of requirements, instead of increasing the exactions on the students' pockets—the latter being both injurious and anti-republican in all its tendencies.

CONCLUSION.

I had originally intended to close this chapter with some observations on the subject of medical legislation, but it has already so much exceeded the limits to which I designed restricting it, that I can no more than allude to the general topic. That the medical profession, as such, either needs or desires any legislation for its own special protection, I most emphatically deny. Legitimate medicine has continued steadily advancing in the accumulation of its facts, in the verification of its principles, and in the extension of its usefulness, for more than eighteen hundred years; and whoever supposes it needs any legal protection against any or all the thousand forms of quackery or pretended *special systems*, or *isms*, or *athys*, is altogether mistaken. Whether the citizens of this, our noble republic, need any laws to protect them and their families from the grossest and most fatal impositions, under the name of medicine and medical treatment, is another and entirely different question. A question, indeed, not only worthy of, but imperiously demanding the most careful consideration of every legislator and friend of humanity. But neither our limits nor the strict design of this book, will permit its discussion in this place.









UNIVERSITY OF ILLINOIS-URBANA



3 0112 038214992